





THE HEALTH SERVICES OF COVENTRY IN 1957

BEING THE

ANNUAL REPORT

BY THE MEDICAL OFFICER OF HEALTH

T. MORRISON CLAYTON
M.D., B.S., B.Hy., D.P.H.

CONTENTS

	Page
	3
	4-7
	8 & 17
	18
	19—21
	19
	2:177
	71-77
	78—104
	104-105
	108
	109163
	114117
	119—126
•••	128153
	154156
	159—160
	162
	16.
	of Food

HEALTH COMMITTEE

(As at 31st December, 1957)

Chairman-Councillor R. LOOSLEY.

Vice-Chairman—Councillor R. NICKSON.

The Lord Mayor (Alderman Mrs. P. M. HYDE, M.B.E., J.P.).

The Deputy-Mayor (Alderman H. H. K. WINSLOW).

Alderman Mrs. E. A. ALLEN.

Alderman W. CALLOW.

Alderman B. H. GARDNER.

Councillor K. B. BENFIELD.

Councillor W. A BINKS.

Councillor Mrs. E. JONES.

Councillor T. L. K. LOCKSLEY.

Councillor C. D. SWAIN.

Dr. J. BALLANTINE (nominated by the Coventry Branch of the British Medical Association).

Mr. H. C. HANNAM-CLARK (nominated by No. 20 Group Hospital Management Committee).

Dr. N. J. L. ROLLASON (nominated by the Coventry Executive Council).

PENSIONERS COMMITTEE

(As at 31st December, 1957)

Chairman-Councillor A. D. SMITH.

Vice-Chairman—Councillor H. STANLEY.

The Lord Mayor (Alderman Mrs. P. M. HYDE, M.B.E., J.P.).

The Deputy-Mayor (Alderman H. H. K. WINSLOW).

Councillor E. A. HULL.

Councillor G. D. MANN.

Councillor F. B. MARTIN.

Councillor C. WARD.

Co-opted Members:—

Mrs. H. ASHBY.

Mrs. E. M. GARDNER.

Mrs. M. JEFFS.

Mr. O. NEALE.

STAFF OF THE HEALTH DEPARTMENT

Medical Officer of Health, Principal School Medical Officer, Medical Adviser to the Pensioners Committee and to the Children's Committee:

T. M. Clayton, M.D., B.S., B.Hy., D.P.H.

Deputy Medical Officer of Health: J. Ardley, M.B., B.S., D.P.H.

Senior Assistant Medical Officer for Maternity and Child Welfare: Janet Margaret Done, M.B., B.S., D.P.H., D.R.C.O.G.

Assistant Medical Officers:

P. I. Atkinson, M.B., C.P.H. (appointed 18.11.57). Christine Glynn, M.R.C.S., L.R.C.P. Elizabeth A. Hardie, M.B., Ch.B. (appointed 2.9.57). T. J. G. Howie, M.B., Ch.B., D.P.H., D.R.C.O.G. Mary F. Keefe, M.B., Ch.B. (appointed 28.10.57). Mary A. H. Lawson, M.B., B.Ch., B.A.O., D.P.H. J. M. B. Porter, L.R.C.P., L.R.C.S.

Veterinary Officer: W. Dale, M.R.C.V.S.

Health Visitors:—

Miss M. D. Lloyd Superintendent Deputy Superintendent (M. & C.W.) Miss K. L. Houlton Mrs. B. E. Mackie Deputy Superintendent (School Health)

Health Visitors: Misses:—A. Docherty, A. M. Dalton, M. B. Bridges, B. J. Sims, M. Engstenberg, E. C. Harmsworth, D. Jones, J. E. Lusty, A. F. McKenzie, M. Phillpotts, E. M. Stidworthy. Mrs.:—M. K. Dunnicliffe, G. Foulsham, M. E. Harris, N. Lever, M. Lewis, L. Picken, J. M. Pye, E. P. P. Talbot, E. Dickenson, J. R. Hayward, J. M. Jelley, M. Chamberlain, E. Gore, M. George, M. Williams, S Gascoyne, G. M. Mather.

Part-time Health Visitor ... Miss M. Ratcliffe

Tuberculosis Visitors: Mrs:—C. L. Harper, E. Wolverson, Misses M. Meer, D. Phipps, L. W. Dunning.

School Health Nurses: Mrs. A. O. Campbell, *E. Ellis, C. Hammond, S. Player, S. R. Shropshire, L. Wardle, O. A. White. (*Has Ministry of Health temporary dispensation to undertake certain health visiting duties.

School Health Nurses Mrs. E. Hale (with special duties)

Temporary School Nurses Mrs. I. M. Campbell Mrs. G. Hunt Mrs. L. Smith

Mrs. F. Lewis Mrs. B. T. Butler

Occupational Therapist (part time) Mrs. Lesley B. Dodd

Municipal Midwives:

Non-Medical Supervisor Mrs. E. Woodley Mrs. B. Fell Deputy Supervisor Midwives: Miss D. G. Abell, Mrs. N. Beagrie, Mrs. M. Brivkalns, Mrs. J. Brett, Mrs. E. Caskie, Miss J. Cornthwaite, Mrs. D. M. Cox, Mrs. M. Diaper, Mrs. J. Duckett, Mrs. L. M. Devlin, Mrs. F. Fardon, Mrs. D. Worrall, Mrs. D. C. Jewkes, Mrs. W. Kinsey, Mrs. E. McDowell, Miss P. Norton, Mrs. S. O'Donnell, Miss E. Raine, Mrs. E. Reddick, Mrs. D. Reeves, Mrs. M. Rouse, Miss J. Pickett, Miss W. S. Sparkes, Mrs. A. Spragg, Mrs. E. Stevens, Miss D. G. Taylor, Mrs. I. Trasler, Miss A. Ward, Mrs. E. Wright, Miss D. L. Taylor, Mrs. E. Morley, Mrs. M. Sheehan, Mrs. E. Brown, Mrs. E. Hurton, Miss J. Marlow, Mrs. T. Wasson.

Miss M. A. E. Taylor (retired 22nd August, 1957).

Miss E. Woodley (appointed 23rd August, 1957).

Day Nurseries:

Supervisor Mrs. M. E. Williams Nursery Matrons: Miss M. Allan, Mrs. H. A. Arnatt, Miss K. G. Blakemore, Mrs. B. Bruton, Mrs. E. M. Butcher, Mrs. G. Crichton, Miss D. M. Griffiths, Mrs. I. P. Gerard, Mrs. E. T. Young.

... Nurses—86. Others—38. Nursery Staffs ...

Home Nursing Service:

Miss M. C. Lynch Superintendent Miss M. Wikinson Miss K. D. McClure Assistant Superintendents

Miss H. B. Aukland (retired 31st October, 1957). Miss M. C. Lynch (appointed 1st November, 1957).

Nurses. Full-time 45 (includes 4 male and 4 Queen's nurse students), Part-time 15.

Home Helps Service:

Mrs. E. Marshall Organiser Assistants Mrs. M. Ball Mrs. D. Buggins Mrs. D. Farris Mrs. P. R. M. Butler

Home Helps 245 (including part-time workers).

Occupation Centres for Mental Defectives:

Burns Road

Mr. D. Norris Supervisor ... Mrs. I. Cotterill Deputy Supervisor Mrs. M. G. Larsen Mrs. M. T. Darnell Assistants Mrs. E. Johnson

Yardley Street	
Supervisor	Mrs. I. D. Maxwell
Assistants	Mrs. E. V. Cowell
Trainee Assistant	Mrs. D. H. M. Riding Miss V. Chronicle
Ambulance Service:	
Superintendent	F. Warwick
Deputy Superintendent	E. Taylor
Control Sub-Officer	H. Petherham
Ambulance Personnel. Ma Telephoni	
Blind Welfare:	
Home Teachers	Miss E. Fox
	Mrs. M. Gould
	Miss M. Frampton
Administrative and Clerical Staff:	
(General Public Health)	
Principal Administrative Assis	
and Senior Authorised Officer	J. H. Grant F. Ellis
Deputy	F. Ellis
Senior Sectional Officers:	
Statistics	T. Lord
Infectious Diseases and Tuber	
Supplies and Enquiries	H. Jewison Miss B. M. Sanders
Maternity and Child Welfare Typing Pool	Miss B. M. Sanders Miss M. E. Goddard
Clinic and Sick Room Applia	
M.O.H. Personal Secretary	Miss J. Grant
Mental Health:	
Duly Authorised Officres	
	J. A. Sturdy Mrs. G. Preston
Accounts	
Salaries and Wages	S. Wardle
Clerks:	
	Hopkins, F. H. Pearson, W. K. R. Davies, P. E. Smith*.
Misses P. E. Brown, D. Be Christlow, J. M. Gaze, J Lancaster, F. McNab, C.	ell, M. B. Cunningham, R. A. Hoseason, V. H. Knight, M. M. Reed, D. M. Ryder, B. L. Williams, W. H. Wood, M.
Steele, J. Willacy, M. J. I	Caig, W. M. Cartmell, M. M. Morgan, V. Simpson, V. C. Bell.
J. 1	

*At present on National Service,

J. C. Brown

St	or	ek	eep	er:
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Central Stores, Pinley Welfare and Pensioners Services: Aged Persons' Homes (Pensioners Committee). Other Welfare Provisions (Health Committee). П. J. H. Ryner, F.C.C.S., Pensioners Officer F.I.S.W. Deputy Pensioners Officer F. Charlesworth, A.I.S.W. F. M. Riley Senior Assistant ... Welfare Officer (for handicapped T. D. Holloway persons) Assistant Welfare Officers Mrs. G. C. Downes R. J. Pickering S. Wardle Mrs. F. A. Kelly Miss M. Pugh Senior Clerk Mrs. K. Hulse Clerk Old People's Homes: Mr. and Mrs. J. Pountley, Aldermoor Lodge Superintendent and Matron Mr. and Mrs. J. E. Webster, Hawthorn Lodge Superintendent and Matron Mr. and Mrs. F. Fallon, Moat House ... Superintendent and Matron Mr. and Mrs. G. A. Boston, Newlands House Superintendent and Matron Mr. and Mrs. H. C. Watson, Remembrance House ... Superintendent and Matron Miss O. Hughes, Matron Stone House Miss B. A. Troughton, Matron Woodway Grange Mr. and Mrs. G. R. Roberts, Wyken Lodge Superintendent and Matron Temporary Accommodation: *Block Z.3., Baginton I. Veveris, Supervisor. Fields Hostel *Flats, 11, London Road *Use of this accommodation discontinued in April, 1957.

GENERAL STATISTICS

Area in acres							19,167
Population (Cen)				. 2	58,241
Population (estin			957)			. 29	77,300
Density of popula							13.4
Density of popula					cre)		14.4
Number of inhab							84,000
Average number	of person	s to each	occup	ied hous	se (mi	d year	3,.30
Rateable value of							
Sum represented							
Live Births—							
Live Dittils	Males.	Females.	Tot	als.			
(legitimate)	2,395	2,266	4,6	61			
(illegitimate)	130	1 3/4	2	64			
, ,				 25 = bir	th mot	o of 17	76 per
	2,525	2,400	4,9	25,≕011 I	,000	popula	tion.
Stillbirths	53	48	1	oi = rat			
Stillotters	33	7				births	
Deaths	1,298	922	21, 2	20 = dea			
TS -11 C		. abildbi	+1a	1	,000	popula	tion.
Deaths from and a	pregnancy abortion	y, emidibi		. I=0.2	o per	1,000	births.
Death rate of						•	
(a) All infe							28.6
(b) Legitin							217.5
(c) Illegiti							49.2
Marriage rate						•••	15.3
*Death rate fr	om princi	pal infect	ious	diseases			0.032
Respiratory d							0.84
Phthisis .							0.11
Death rate fr	om other	forms of	tube	rculosis			0.007
Death from ca	ancer	•••					1.58
	_						
Comparability	v factor (hirths)					0.95
Birth rate as							16.87
Comparability	•	-					1.37
Death rate as							10.9
*Typhoid, Sc	arlet Fever	. Whoopin	g Cou	gh, Diph	theria.	Measl	es,
Diarrhoea u	nder 2 yea	rs, Cerebro	-Spina	il Fever,	Polion	nyelitis.	

My LORD MAYOR, LADIES AND GENTLEMEN,

I have pleasure in presenting my 11th Annual Report concerning the health and welfare of Coventry citizens, as also the work of the Health Department during 1957, and this is, as usual, compiled in accordance with Ministry of Health Circular 1/58 requirements.

The number of births registered in the City during 1957, was 4,925, this being the highest annual total on record, and giving a Birth Rate of 17.76 per 1,000 population (1956=17.02).

The population of the City continues to increase also from other causes, and the Registrar General's Mid-year estimate for 1957, was at 277,300 as compared with 272,600 for 1956, i.e., an increase of 4,700. The density per acre of Coventry's population was at 14.4—(1956=14.2).

The crude death rate was 8 per 1,000 population (1956=8 3) and this constitutes the lowest rate ever recorded for the City.

There was one maternal death during the year which gave a maternal mortality rate of 0.2 per 1,000 births (1956=0.42 with two deaths).

The Infantile Mortality Rate was at 28.6 per 1,000 live births which regrettably showed an increase over 1956 (26.7). Neonatal mortality was at 19.7 per 1,000 live births which compares with 21.1 during 1956.

The general incidence of infectious diseases was much higher in 1957, this being due in considerable measure to the cyclic increase in measles. The number of poliomyelitis cases notified during the year was comparatively high at 114, but this figure falls far short of that in 1953 (the year of highest incidence for the City), which was at 164. Statistical details relating to poliomyelitis and the related vaccination programme appear at page 42 of this report but it is to be recorded also that concurrent steps were taken in conjunction with the City Analyst and the Public Health Inspectorate for increased numbers of samplings and regular chemical and bacteriological analyses to be undertaken so that a complete assessment of Coventry's rivers and streams could be available at any future time.

An approach to the British Transport Waterways also provided agreement for routine periodic samplings of canal waters and it is hoped that this will continue to be a practical contribution to the availability of helpful information.

Care was also taken by the City Engineer's Department to ensure as far as was reasonably possible that a freer flow of the City's waterways was achieved.

The Health Visiting staff was very active in visiting and surveying all households from which notifications of poliomyelitis were received, whilst the Director of Parks gave all necessary attention on our behalf to the cleanliness of paddling pools as also did the Baths Superintendent to the Livingstone Road Baths.

The Public Health Inspectorate undertook regular and more frequent samplings of water for appropriate bacteriological and chemical analyses from all waterways in the City area in accordance with an agreed schedule.

Approach was made to Public Health Departments of surrounding areas as the need arose both from the medical and from the public health inspectorate point of view and I would express my thanks to these external authorities for all co-operation so willingly given.

It is with pleasure also that I record the endeavours of the Medical Superintendent and his colleagues as also the nursing staff at the City Hospital on behalf of those patients who had the misfortune to contract poliomyelitis during the year. There is always the closest of co-operation between Dr. Galpine and his staff and ourselves at the Health Department in the interests of the patients.

So far as the general public was concerned, frequent approach was made through, and by the courtesy of, the Press, and such advice offered, supplemented by handbills circulated with the kindly assistance of Coventry newsagents, as would be of help from a preventive point of view. These measures were to ensure as far as possible that high standards of general and personal hygiene were practised: always having regard to the limitations of specific knowledge concerning the modes by which this disease may be spread. Hygiene measures at the City's schools were reinforced with the most helpful co-operation of the Director of Education, and a comprehensive survey of hygiene, ablution and toilet facilities was carried out in these establishments by the assistant Medical Officers.

Limited supplies of poliomyelitis vaccine were forthcoming during the year but at such a time as could have little real effect in controlling the incidence of the disease.

When all these measures of potential control are taken into account then one opines that in the final analysis the only effective and practical means of controlling and indeed eliminating the disease as a serious entity, is by the widespread use of the immunisation process. This obviously connotes that adequate supplies of poliomyelitis vaccine should shortly be made available upon a national basis, and this, it is understood, will have high priority from the Ministry of Health in the forthcoming year.

I would record that we were pleased to receive two senior Medical Officers from the Ministry of Health during the period of high incidence of poliomyelitis in the City, and they took particular cognisance of the situation here.

It is pleasing to note that the incidence of dysentery and food poisoning was much less in 1957 than in the preceding year. Further details relating to sonne dysentery are available at page 45.

There were no cases of diphtheria notified in 1957, and indeed since 1951, only 12 cases (with one death) were recorded in the City; this situation should be compared with the year 1945 alone, when 146 cases were notified (with 5 deaths).

The advent of Asiatic Influenza in this country during the year and during late September, in Coventry, was preceded by several months' observation of its perigrinations in various distant parts of the world. Although generally speaking the type of infection was mild, it nevertheless occurred with such effect and in such numbers as to cause extensive absenteeism and upset in the municipality and not least amongst the school population. Anti-Asiatic influenza vaccine came to hand in limited supplies through the Ministry of Health, and this served to give limited protection to certain specified and essential services in which latter the chances of contracting the disease were greatest (e.g. doctors, nurses, ambulance personnel, etc.).

With regard to the Maternity and Child Welfare Service, it is thought appropriate to include (pages 25—28) in this report, an interesting commentary from the Senior Medical Officer for Maternity and Child Welfare (Dr. J. Done). Several points and trends are touched upon therein which are of much importance if the public are in the future to have the type and adequacy of service which it is felt to be desirable.

It is the case that more appropriate and acceptable clinic facilties are at last gradually being approved by the Ministry and forthcoming for the City. Of equal importance however, is the need for a sufficiency of trained staff, both nursing and medical, to meet the requirements postulated in Dr. Done's review. Particularly pertinent too, is the need to reorientate ideas concerning the age at which highly experienced Health Visiting Staff are at present prevented, through superannuation requirements, from entering the service. It has been well known for many years that there has been a gross shortage of health visitors and it appears particularly myopic that existing regulations should have the effect of debarring highly experienced staff from entering the service at an age (40 vears) when such attainments should be at a high premium and used to the advantage of all mothers and children in the community. Moreover it is surely logical that greater stability in this important service could be expected if recruitment of such valuable material was encouraged. At this age, Health Visiting staff are less likely to migrate for those particular reasons which are more likely to sway vounger health visitors.

The innovation of clinical sessions to assess the degree of hearing in young children was an important development during the year and several of our health visitors underwent the necessary course of training to allow of this.

Happily, and at long last, there are indications that a commencement will be made early in 1958 upon the general practitioner suites which are to form part of the more comprehensive conception of the Tile Hill Health Centre facilities. In the light of the past frustrating (for Health Centre development) ten years since the National Health Service Act was introduced, the Tile Hill Clinic development constitutes a real "ray of (local) sunshine" and possibly, perhaps hopefully, a harbinger of better things to come.

Because of the continuing shortage of dental staff the amount of treatment available to expectant and nursing mothers was naturally limited but nevertheless it is proper to stress that our seriously depleted staff are coping admirably with a most difficult situation as best they can. I should also like to congratulate Dr. Kathleen Parkes upon the valuable work she undertakes as dental anaesthetist at the clinic in such difficult times.

It is appropriate at this point to refer to the retirement on 4th October, 1957, of the Principal School Dental Officer. Mr. Matthew Raeside was appointed as Senior Dental Officer in 1928, a title which was re-designated during 1953. Mr. Raeside gave unstinted and loyal service to this local authority during a period of 37 years and it was with great feelings of regret that he was obliged to witness the dispersal to general practice of several of his full-time municipal dental colleagues: this migration being directly due to the impact of the National Health Service Act and the greater monetary attractions of general practice. I would like to place on record my own appreciation of Mr. Raeside's valuable work and co-operation at all times.

It will be noted from the Report of the Director of Mass Radiography Services (page 20) that some 29,500 Coventry residents were x-rayed by this means during 1957. It is pleasing to observe that there has been a gradual decline since 1954 in the number of patients discovered as suffering from pulmonary tuberculosis and the present year provides the lowest such number on record.

Four new cases only out of 4,240 school children x-rayed were found to have a tuberculous infection of the lungs. We are much indebted also to Dr. Gordon Evans for his helpful attention to various groups of municipal staffs during the year.

It would seem well nigh superfluous in the light of commentaries in preceding Annual Health Reports for me again to draw attention to the existing need for more advanced health education facilities in this city both in relation to equipment and staff. The tremendous achievements which have been made in past decades within the sphere of preventive medicine are apt to be too easily forgotten. The battles against the majority of killing infections have been largely won, but these victories afford no grounds for any complacency and indeed they require perpetual consolidation and vigilence. Moreover with the advent of the personal health services, simple health propaganda is not nearly sufficient to satisfy a public now thirsting for unbiassed knowledge and enlightment in matters of health generally. A continuous application to Health Education is the real answer and it is clear that this is a subject which we cannot afford to deal with in spasmodic and desultory fashion since it constitutes a weapon of prime importance in the armoury of any Health Department.

The number of patients removed by ambulance during 1957 was 93,233 some 8,000 less than in 1956 but which nevertheless constitutes a substantial achievement: full details of the work are

given at page 49 et seq. of this Report. One would again stress, however, that there is still a need to extend telecommunication equipment to certain other ambulance vehicles and there is a really urgent need to replace existing equipment in the light of forthcoming wavelength changes.

With the publication in May, 1957, of the Royal Commission's Report upon the Law relating to Mental Illness and Mental Deficiency it is apparent that Health Departments will, in the fairly near future, come to have greater responsibilities in this aspect of domiciliary work. The Commission's Report presented some most interesting facets and we look forward with anticipation to future developments in this connection.

The possibility of a commencement being made upon the long proposed Adult Occupation Centre at Torrington Avenue during the forthcoming year would now appear to be less remote than heretofore. Should the centre eventuate shortly, then it will surely help to resolve a major problem in this sphere of the department's work.

One records with much regret the retirement of Miss H. B. Auckland in October, 1957, from her position as Superintendent of Home Nurses. Miss Auckland gave long and devoted service to this city, firstly with the Coventry and Foleshill District Nursing Association and then with this local authority from the advent of the National Health Service Act in 1948. She had an absolute vocation for her work and was greatly respected by her staff and by general practitioners alike. Miss Mary Lynch, previously Senior Assistant to Miss Auckland has been appointed to succeed her and we wish her well.

It is with like regret that I also record the retirement on 22nd August, 1957, of Miss M. A. E. Taylor, our then lay Supervisor of Midwives. Miss Taylor was appointed to her post on 13th May, 1946, and came to us with much local authority and overseas experience—both practising and administrative. She has witnessed important development and advancement in the domiciliary midwifery service and is to be congratulated for her considerable part in the organisation and functioning of it.

Miss Taylor was succeeded as Supervisor by her deputy Mrs. E. E. Woodley who I feel sure will have much success in her now more senior position.

As requested by the Ministry of Health (Circular 1/58) a commentary concerning the effectiveness of the Home Nursing Service in relieving pressure upon hospital beds is included at page 39.

With regard to ante-natal care in its particular connection with toxaemia of pregnancy (Circular 9/56 Ministry of Health) relevant comments appear at page 24.

Likewise a note on smoking and lung cancer appears at page 67.

With regard to accidents in the home the information given on page 35 continues to make interesting reading. It is fortunate indeed that no deaths have resulted this year from accidents of this nature and moreover it is heartening to note that the proportion of incidents from burns and scalds has decreased. It cannot be too strongly impressed upon householders, however, that every precaution should be taken to ensure that adequate guarding of all fires should be uppermost in mind. This is surely a simple step to take rather than that someone—probably a young child or an old person—should die or be seriously disfigured through lack of such an elementary precaution.

The Home Help Service has developed and expanded to such extent of recent years that it calls for special comment. This service was actually born within the Health Department in 1945, prior to the introduction of the National Health Service Act in 1948 and it started in modest degree to meet a need even at that time, but has progressed apace during the past ten years. In 1948, the establishment was fixed at an equivalent of 70 full-time helps and the average number of helps engaged during that year was 52 whilst the various proportions of cases assisted then were: 65% illness (including chronic afflictions), 18% maternity and 17% old age.

By 1956, the number of home helps employed to deal with developing needs was 145, including organiser and 4 assistants and these figures for the present year were supplemented further thereby giving a present complement of 245 home helps together with organiser and assistants.

As will be seen from statistics on page 70 of this Report, maternity and illness account for well over 50% of all cases attended (i.e., 705 out of a total of 1,235). The remaining 530 cases were concerned with the needs of aged people, including those suffering from a variety of infirmity producing causes and for whom the parallel service of Home Nurses was essential.

In 1955, I reported in detail (page 57 Medical Officer of Health Annual Report) upon the progress of the service and pointed to the close liaison existing between home helps, home nursing, health visiting and welfare services. At that time, too, and in the light of economy and efficiency, the first phase of a plan to decentralise the Service was commenced (vide report to Health Committee of November 16th, 1953) in the Bell Green area, followed shortly afterwards by a further Divisional Office in the Holbrooks district. I commented at that time that the increasing trend of commitments was welcomed by the Health Department as being an indication of implied confidence placed by the public upon the domiciliary services within our purview. These factors were blatantly accentuated during 1957 and it is the intention during 1958, as further finances may become available, to decentralise still further in the light of past experiences. New Divisional Offices are in mind for the Wyken and Tile Hill areas respectively and these arrangements can do no other than to bring further benefit to the public. The Home Helps' Organiser and her staff are to be greatly congratulated for their enthusiasm in this important service.

In 1953, the Health Committee approved my report that a "Sitters-In" Service should be initiated for certain categories of sick and infirm people in Coventry and this was subsequently endorsed by the City Council. Attempts have been made by the Health Committee in succeeding years to commence the Service but the financial situation has always militated against this. It is hoped that it will be possible to commence such a Service during the

forthcoming year.

The important socio-medical work associated with the Blind has been within the Health Department since 1922, following the introduction of the Blind Persons Act of 1920. In 1946, following representations from the Coventry Society for the Blind, the Health Committee readily acceded to the wish that all the Society's responsibilities, including the services of the one Home Teacher then available, should be administered within the Department. A further two Home Teachers have since been appointed and there has been the closest and happiest co-operation between them, our own medical staff and the consultant staffs at the hospitals so as to ensure the best service and treatment possible for blind people within the City. We are indeed indebted to all concerned, including Home Teachers and appropriate hospital staffs, for the magnificent work they do in this connection.

It is to be noted that the final usage of Block Z.3 at Baginton Fields Hostels, previously used for the temporary accommodation of approved persons in necessitous circumstances, occurred during the year and the last resident was transferred to other housing accommodation early in April. The succeeding arrangement by which case officers are appointed into the Children's Department specifically to help resolve particular social and related housing problems prior to possible eviction would seem to be a more rational and desirable approach to achieve the solution to which everyone

looks forward.

Strong representations for a directly provided Chiropody Service continue to be made to the Ministry of Health, but sanction has not as yet been forthcoming. A more widely available service is clearly needed and perhaps in due course the strength of the argument will prevail to achieve this Service, particularly for infirm people.

The Pensioners' Committee had cause for great satisfaction in that during the year they were enabled to inaugurate two new Homes built specifically for old people. Both are to a similar design and are situated in the Stoke Aldermoor and Willenhall areas respectively. Concurrently it was possible to close down the old Charterhouse Home previously used to accommodate elderly men but never really a very satisfactory building for the purpose.

The work of the City Analyst's Department in relation to matters of health has obviously grown apace and I am indebted to Mr. W. Lewis for the helpful co-operation which he extends to my appropriate staff and to me at all times. In like manner, the work of Dr. Pauline Poole and her staff at the Public Health Laboratories is of the greatest moment to the Health Services of

this City.

According to statutory requirements, I have now included, hereinafter, extracts from the Chief Public Health Inspector's Report (previously published). I extend my thanks for the information provided.

Of particular and topical moment are the sections dealing firstly with Housing and secondly with Atmospheric Pollution. The importance of the Rent Act, 1957, is briefly indicated and the most recent, consolidating, Housing Act which also became operative in that year requires and has received particular mention. The provision of adequate housing of good hygienic and sanitary standards is, and must always be a sine qua non: it is a major foundation upon which depends the proper development of a nation's good health. So has it been since those far off and prejudiced days when such pioneers as Chadwick and Simon advocated their sweeping reforms; so will it be in future days even with the enlightenment of the present to build upon.

It must therefore give particular local satisfaction to witness the solid progress achieved in the second year of this City's five-year slum clearance programme and which has seen the declaration of 119 areas involving some 1,079 dwelling houses: a commendable culmination to persistent and intensive departmental endeavour over many years. This, too, forms an important and substantial link in the chain being forged on similar pattern throughout many other local authority areas in the Country.

With regard to the subject of Atmospheric Pollution this is clearly another matter of fundamental importance which is the more intensively receiving attention throughout the Country. Coventry, through its smokeless zone of 1951, (the original for the country), might well lay claim to having played a major role in "triggering off" the many massve schemes now so generally evident.

I wish to express my appreciation and thanks to those many helpful municipal colleagues and their staffs in other Municipal Departments, who during the year so kindly afforded assistance and information to my staff and to me whenever this was possible.

I also happily commend and acknowledge with sincere thanks the work and application of all those members of my own staff, in whatsoever sphere of work they may be engaged. They have readily given of their best throughout the year in order to help forward the varied and important work of the Health Department.

Finally, I would wish to thank members of the Health and Pensioners' Committees respectively, as indeed other members of the Council, for any help, encouragement or consideration shown to my staff and me during the year.

I am, my Lord Mayor, Ladies and Gentlemen,

Your obedient servant,

The Clay Ton.

MEDICAL OFFICER OF HEALTH.

Population.

The Registrar General's estimated population for mid-1957 was 277,300, which was an increase from the 1956 mid-year figure of 272,600. The generally upward trend of the city's population for the past twenty years is shown in the table of vital statistics on page 169.

Birth Rate.

The births registered as Coventry births during the year numbered 4,925 giving a birth rate of 17.76 per 1,000 population. These figures compare with 4,640 births in 1956 and a birth rate of 17.02 for the same year. Further details relating to births occurring within the city are given elsewhere under the heading of "Midwifery".

The comparable figure for England and Wales was 16.1 per 1,000 population.

General Death Rate.

The number of deaths recorded as belonging to the city during the year was 2,220, which gives a crude death rate of 8.0 per 1,000 population. This compares with a death rate for England and Wales of 11.5. The major causes of death during the year under review continue to be heart disease and other vascular conditions; cancer; respiratory conditions and tuberculosis. An analysis of the various causes of death is given in the appropriate table on page 165. It may be noted that 54.8 per cent. of the total deaths registered occurred in persons over 65 years of age.

Infantile Mortality.

The number of deaths of infants under 1 year of age during 1957 was 141, giving an infant mortality rate of 28.6 per 1,000 live births.

The infantile mortality for England and Wales was 23.0 per 1,000 births.

Neo-Natal Mortality.

The number of deaths of infants under 4 weeks of age during 1957 was 37, giving a mortality rate of 19.7 per 1,000 live births. The comparable neo-natal mortality rate for 1956 was 21.1 per 1,000 births.

Marriage Rate.

The number of marriages solemnised in the city during the year was 2,126, giving a marriage rate (i.e. number of persons married) of 15.3 per 1,000 population. (This compares with 16.4 per 1,000 population for the preceding year).

Maternal Mortality.

The maternal mortality rate for the city was 0.20 per 1,000 total births and this compares with 0.42 for the preceding year. The comparative figure for England and Wales was 0.47.

В

Infectious Diseases.

The following notifications in respect of infectious diseases were received into the department during 1957, and it should be noted that the comparative figures in brackets are those for 1956 and for the last complete pre-war year, 1938, in that order. In the last mentioned year measles and whooping cough were not notifiable.

Diphtheria o (0: 212); scarlet fever 90 (182: 406); measles 6,562 (133); whooping cough 383 (1,068); acute primary pneumonia 115 (133: 290); puerperal pyrexia 57 (13: 54); meningococcal infections 16 (4: 36); acute anterior poliomyelitis (paralytic) 7 (8: 2); acute anterior poliomyelitis (non-paralytic) 45 (9:—); opthalmia neonatorum 5 (6: 16); erysipelas 31 (46: 60); malaria 2 (—:—); dysentery 645 (1,334: 15); acute influenzal pneumonia 71 (15: 56); acute encephalitis 5 (—:—); food poisoning 29 (169:—); paratyphoid fever o (8:—).

The total incidence of notifiable infectious diseases was more than during 1956 (i.e. 8,513: 3,586) due mainly to the increase in the notifications of measles.

Concerning diphtheria, the following figures continue to tell their story, and, incidentally, that concerned with the campaign of immunisation against the disease in Coventry:—

```
1945—146 cases (5 deaths—none immunised)
1946—115 cases (4 deaths—none immunised)
1947—53 cases (2 deaths—none immunised)
1948—12 cases (no deaths)
1949—12 cases (2 deaths—none immunised)
1950—7 cases (2 deaths—none immunised)
1951—4 cases (no deaths)
1952—2 cases (no deaths)
1953—o cases (no deaths)
1954—o cases (no deaths)
1955—6 cases (1 death)—none of the six immunised
1956—o cases (no deaths)
1957—o cases (no deaths)
```

The figures relating to measles, puerperal pyrexia, meningo-coccal infections, acute paralytic poliomyelitis, acute non-paralytic poliomyelitis, acute encephalitis and malaria, all show an increase, and scarlet fever, whooping cough, acute primary pneumonia, dysentery, food poisoning, paratyphoid fever, ophthalmia neonatorum and erysipelas, a decrease for the year.

Incidence of Poliomyelitis in the City during 1957.

1953 was the year of greatest incidence for this disease in Coventry when 164 cases were confirmed. In 1956 there were 17 cases but there has been an increase to 114 cases in 1957. For further particulars see introductory letter and also page 41 et seq.

Scabies.

The scabies and cleansing unit continued to function at the Central Welfare Centre; this is open daily for women and children from 9.30 a.m. to 4.30 p.m. and for men four evenings per week.

The work of the unit was as follows:—

	No. of patients	No. of treatments
Scabies		
Male adults	9	18
Females Adults	11	22
School Children	26	52
Children under 5 years	4	8
Total	50	100

Cleansing.

Male	 	 	 	9
Female	 	 	 	

VENEREAL DISEASES

The treatment centre is organised at the Coventry and Warwickshire Hospital under the control of the Hospital Management Committee. From the returns supplied to me it is shown:—

New cases in 1957 ... 697 (665 in 1956)

Of the 697 cases seen for the first time no less than 520 proved on examination to be non-venereal.

TUBERCULOSIS

During the year, 351 cases of pulmonary tuberculosis and 48 cases of non-pulmonary tuberculosis were notified or re-notified in the city (1956—418 and 51).

Coventry patients are now admitted to a number of hospitals and sanatoria including St. Wulstan's, Malvern; Creaton Hospital, Northampton, and King Edward VII Hospital, Hertford Hill, near Warwick; and there is now little waiting for vacancies. The visiting by near relatives of patients in the more distant sanatoria is financially assisted by the department.

For further details of tuberculosis, note comments under Section 28 of the National Health Service Act, page 64.

REPORT OF WORK OF MASS RADIOGRAPHY IN COVENTRY

Year ended 31st December, 1957

I am indebted to Dr. Gordon Evans, Directer, for the following details:—

"29,500 Coventry residents were x-rayed during the year, some 5,000 more than during 1956. 149 (0.51%) newly discovered tuberculous conditions and 85 (0.29%) non-tuberculous conditions were referred to the chest clinic or Hospital for further investigation. 45 (0.15%) of the tuberculosis cases have since been notified. There is a further decline in the percentage of notified cases of pulmonary tuberculosis, thus following the trend of the previous years. The drop in the number and percentage of notified cases of pulmonary tuberculosis has been most marked over the past three years as the following table indicates.

Year	Number	Notified Cases of	% of
	X-rayed	Pulmonary Tuberculosis	Number X-rayed
1954	35,240	163	0·46
1955	17,100	58	0·34
1956	24,500	69	0·28
1957	29 500	45	0.15

The 85 non-tuberculous conditions included 12 cases of carcinoma of the lung (11 male and 1 female).

The following table gives the break-down into main group headings of the total number x-rayed and shows the number of tuberculous and non-tuberculous conditions referred for further investigation in each group:—

anaun.	Number	7		cases referred Clinic.	to	Non-tuberd referred Clinic or	to Chest
GROUP.	X-rayed.	Number referred.	of total X-rayed.	Number notified (New cases)	of total X-rayed.	Number referred.	of total X-rayed.
1. Organised Surveys (Industry, Shops and Offices, etc.)	23,180	114	0.49	32	0.14	65	0.28
2. General Public	210	1	0.48		_	1	0.48
3. School Children	1,240	13	0.31	4	0.09	5	0.12
4. Doctors' Patients and Contacts	1,070	19	1.78	8	0.75	14	1.31
5. Ante-natal Patients	800	2	0.25	1	0.13		_
TOTALS	29,500	149	0.51	45	0.15	85	0.29

- GROUP I (Organised Surveys). Again shows a marked decline in the percentage of notified cases.
- GROUP II (General Public). This is a very small group. Several public surveys were carried out during 1956 and there appeared to be a falling-off in interest so it was decided not to undertake any major surveys of this type until 1958.
- GROUP III (School Children). The number of notified cases is the same as 1956, but the percentage slightly lower as more children were x-rayed.
- GROUP IV (Doctors Patients). The percentage of notified cases of tuberculosis is almost the same as in 1956. It is in this small group that 4 of the 12 cases of carcinoma of the lungs were discovered.
- GROUP V (Ante-Natal Patients). Only one notified case of pulmonary tuberculosis as compared with five cases in 1956.''

NATIONAL HEALTH SERVICE ACT, 1946

In the following pages I have dealt with the services which come within the terms of the National Health Service Act, in the following order:—

Section 21. Health Centres.

,, 22. Care of Mothers and Young Children.

,, 23. Midwifery.

,, 24. Health Visitors.

,, 25. Home Nursing.

,, 26. Vaccination and Immunisation.

,, 27. Ambulance Service.

- 28. Prevention of Illness, Care and After Care.
- ,, 29. Domestic Help.
- ,, 51. Mental Health.

HEALTH CENTRES

Section 21

In accordance with Section 21 of the National Health Service Act, it shall be the duty of every Local Health Authority to provide and maintain to the satisfaction of the Minister premises which shall be available for all or any of the following purposes:—

- (a) For the provision of general medical services, under Part IV of this Act by medical practitioners.
- (b) For the provision of general dental services under Part IV of this Act by dental practitioners.
- (c) For the provision of pharmaceutical services under Part IV of this Act by registered pharmacists.
- (d) For the provision or organisation of any of the services which the Local Health Authority are required or empowed to provide.

- (e) For the provision of the services of specialists or other services provided for out-patients under Part III of this Act.
- (f) For the exercise of the powers conferred on the Local Health Authority by Section 179 of the Public Health Act, 1936, or Section 298 of the Public Health (London) Act, 1936, for the publication of information on questions related to health or disease and for the delivery of lectures and for the display of pictures or cinematograph films in which questions are dealt with.

Negotiations have continued for a considerable time between the Ministry of Health, general practitioners and the Local Authority in persistant attempts to secure common cause for the building of general practitioner suites adjoining the recently erected Tile Hill Maternity and Child Welfare and School Health Clinic. It is pleasing to note that headway can at last be made since Government approval to the scheme was received on May 6th, 1958.

CARE OF MOTHERS AND YOUNG CHILDREN

Section 22

Child Welfare Clinics.

There were at the end of 1957 under the control of the department twenty-one different premises where clinics providings services for the welfare of mothers and children were being held. In the permanent clinics the aim is to have daily (and in one instance twice daily) sessions for particular purposes.

In the twenty-one clinics there are—

- 26 sessions for infant welfare
 - 8 sessions for toddlers
 - 2 sessions for B.C.G.

36

Additionally there are—

- to ante-natal sessions
 - 1 post-natal session
 - 2 special women's sessions
 - 1 paediatric session

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	Type of Premises.		Permanent Clinic	Rented Church Hall	Permanent Clinic	Rented Hall, Community Centre	Rented Hall, Community Centre	Rented ex-hostel	", ex-hostel	Church Hall	(Dance) Hall Rented	Rented Church Hall	" School Clinic	Part of Day Nursery	School Clinic	Rented Church Hall	Rented Hall,	Community Centre	,, Church Hall	", ex-hostel	Permanent Clinic	Rented Flats (2)	Church Hall	", Church Hall		Totals
	Welfare Centre.		Gulson Road	Whitley	Broad Street	Bell Green	Pinley	Canley	Cheylesmore	Green Lane	Holyhead Road	Links Road	Windmill Road	Poole Road	Stoke Heath	Stratford Street	Holbrooks		Wyken	Whoberley	Tile Hill	Willenhall	Earlsdon	Copsewood		

At 7 infant welfare centres 14 weekly sessions for U.V.L. are held in the winter months (October to March).

The new Joint Maternity and Child Welfare and School Health Clinic at Broad Street which was opened in March, 1956, is proving to be a most useful and much appreciated acquisition by all who use it—public and staff alike. It will, however, not be used to full capacity until a sufficiency of medical and nursing staff are available to meet all necessary requirements: similar comments too would be appropriate in relation to the new Maternity and Child Welfare and School Health Clinic at Tile Hill which was opened in March, 1957.

There were no other new Maternity and Child Welfare buildings brought into use during 1957, but negotiations continue with the Ministry of Heath for the building of a Maternity and Child Welfare Clinic in the Stoke Aldermoor area, plans for which have been at the Ministry of Health for some long time now. Furthermore the Ministry of Health and/or the Ministry of Education have also been approached concerning the building of new Maternity and Child Welfare and School Health Clinics in the Bell Green, Willenhall and Jubilee Crescent areas.

During the year the Health Committee supported a suggestion for the provision of Creche facilities, as a pioneering experiment, at Broad Street Infant Welfare Clinic. Regretfully, however, the Ministry of Health felt that they were not in a position to give necessary sanction so that this service might proceed.

The constitution of clinic sessions for assessing the hearing ability of very young children has been reported upon in more detail on pages 25 and 26. The Broad Street Clinic was equipped with the necessary furnishings and instruments to meet this requirement.

Maternity and Child Welfare staff continue to work under very poor clinic conditions in several parts of the city and the replacement of these undesirable premises cannot eventuate sufficiently early. Complaints are received periodically from long-suffering mothers, but even the temporary replacement of such accommodation is well nigh impossible due to the lack of other appropriate buildings or rooms in the near vicinity. Not least of poor accommodation for Maternity and Child Welfare purposes is that at Links Road, Stratford Street and the Whoberley centres respectively.

In these instances more acceptable solutions, however temporary, are continuously being sought.

ANTE-NATAL CARE RELATED TO TOXEMIA OF PREGNANCY

While the meeting of representatives of the three branches of the Maternity services, called on the instructions of the Minister of Health in July, 1956, endorsed the excellent memorandum submitted by the Standing Maternity and Midwifery Advisory Committee of the Central Health Service Council, there have been some difficulties in implementation. As the maternity bed provision for a population of over 277,000 and 4,950 births per annum (1957 figures) is 77, it is impossible to provide adequate ante-natal bed accommodation. The obstetricians felt that beds needed for obstetric cases were taken up by ante natal cases, but as the number of hospital confinements was 2,337 (an average of 30 cases per bed per annum) it is difficult to see how any ante-natal provision can be made at all. It seems certain that there is no possibility of early cases being admitted.

It is only by careful selection that the number of hospital confinements is kept to this level (47% of all births), as the demand is much higher, but even so, early discharge is still necessary with the corresponding addition to the work of Municipal midwives, which, in turn, leaves them less time for the ante-natal care of their own booked cases.

The meeting recommended that all domiciliary cases should book the family doctor as well as midwife and it seems satisfactory that in Coventry for some years over 85% have done so. In order to facilitate closer supervision by midwives, sphygmomanometers are now readily available for their use and close co-operation with the family doctor is urged. It is not, in general, feasible for family doctors to have the services of midwives at their clinics owing to spread of cases over a large number of doctors and the lack of definition of doctors' areas, so that one midwife may work with many doctors.

The attendances at Local Authority clinics fall steadily year by year as would be expected where most of the domiciliary cases have doctors booked. Their chief function now is to sort out priority bookings for hospital and to give early supervision to booked cases for the convenience of mothers to save travelling and waiting at hospital clinics.

All facilities are available for the recommended blood examinations and chest x-ray.

Education for motherhood is being extended but it cannot yet cover even all primiparous mothers owing to pressure of work in the midwifery services and the shortage of health visitors. As and when opportunities occur, midwives are being sent on training courses in this subject.

The follow-up of defaulters from clinics is achieved satisfactorily through midwives and health visitors, the hospitals notifying the Health Department when they wish visits to be made.

Dr. Janet Done, Senior Medical Officer for Maternity and Child Welfare, reports to me as follows:—

"The year 1957 has been a disappointing one from the point of view of progress in the Maternity and Child Welfare Service. It started well, with plans to extend, now that new clinics are coming into use and premises available. Four additional sessions were opened: no additional medical officers were available, but their duties were re-adjusted by concessions from the School Health



Tile Hill Joint Clinic

Service. This was done as a matter of equity between the services, not because the School Health Service could afford to contract, and as an interim measure because it was felt that the increase in child population, together with additional services such as B.C.G. and poliomyelitis vaccination campaigns, supported a case for increase in establishment from nine to ten medical officers.

Far from being able to sustain the expansion or even maintain the status quo, there was a considerable regression in the last five months of the year. Five medical officers left and only three were appointed. The instability and staff shortages, inherent in so many changes, have had serious repercussions on the service—more, possibly, than the bald statement of an average shortage of two whole-time medical officers for the five months would indicate. With the prospect of three further resignations early in 1958, there will only be one assistant medical officer left who has been in the service for more than a year. It is therefore obvious that one of the factors which so much contributes to the success of a maternity and child welfare service, namely continuity of attendance at clinics and a real knowledge of mothers and children, has ceased to operate.

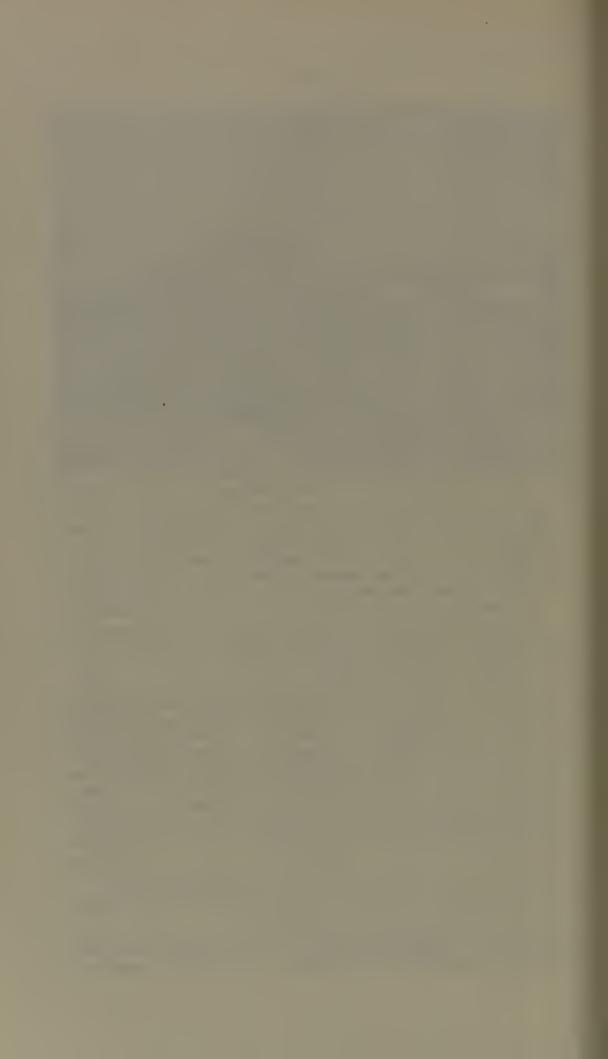
In spite of the use of locum doctors on a sessional basis where available, the toddlers' clinic service has had to be discontinued almost entirely. It is the service which probably is least missed by the mothers, but only because its advantages are less apparent to them. The value of regular 6—12 monthly consultations for children between the ages of one and five years has long been recognised

by public health doctors and health visitors—who see the long-term results on the child, mother and family—not from major defects discovered, but from discussion of minor physical and behaviour disorders which can grow into larger issues. Not the least important function, in these days of over-conscientious parents, fed by the press and radio, is the reassurance which can be given that a child suspected of being abnormal, actually falls well within the wide range of "normality" of childhood. It is probable that the discontinuance of this service will have adverse repercussions, but they will never be measurable statistically.

The Health Visiting Service, which had experienced an encouraging increase in recruitment since the amalgamation with the School Health Service, suffered a set-back in 1957. It is not. a matter of surprise that five young women have left to marry, or on starting their families, but disappointing that it has not been possible to replace them. The problem of increased employment of married women is one which will have to be faced. It touches the Maternity and Child Welfare Service very nearly, as large scale employers of women in the health visiting, municipal midwifery and day nursery services. An increasing proportion of women are marrying and marrying younger; so that the proportion of married women, or women about to marry, in these services will in a few years approximately to 100%. This will lead to a certain instability which these services did not experience in past years, in that staff will be likely to have periods of absence for maternity, domestic emergencies, or to leave after short periods of service to bring up families. It is a situation which needs to be faced and some additional allowance in establishments of predominantly married women: should be made. Experience of practical difficulties in the Coventry Midwifery Service has already been felt owing to the absence of several midwives on maternity leave extended by sick leave in the years 1956 and 1957. It is not often possible, even when sanction is obtained, to secure coverage by locums.

Another factor which will have to be considered is the probable retirement of many professional women between the ages of, say 25-40, while they rear their fantilies. At about 40, and in view of the increased expectation of life, this may well become the prime of life—they are ready to resume their professional activities. If they are nurses, midwives or health visitors there is abundant scope for their services. They may well give 15-20 years of continuous service, which is more than is likely to be derived from any of their colleagues in the twenties. Yet they find they are considered unfavourably because they are regarded as being somewhat heavy financial liabilities under the Superannuation Acts. It is to be hoped that present high-level realization of the need for revision of pension schemes will lead to the consideration of the need of the community to use the services of older professional women, and to remove any obstacles to their employment.

If the foregoing has seemed to stress the debit side of the maternity and child welfare services in 1957, there is one major



credit item to report. This is the development of facilities for assessment of hearing in the young child, with the inestimable benefit to any child with a defect, of modern methods of training and augmentation by special aids. Such facilities are being developed by many Authorities, since the pioneer work of a few Authorities proved their worth.

Two training courses held in Coventry under the auspices of the Department of Education of the Deaf, Manchester University, were attended by 24 health visitors all of whom subsequently passed proficiency tests and obtained certificates of competence to perform screening tests of hearing. Though five health visitors have since left, there are sufficient remaining to make it possible for every child to have a screening test at about seven months. Should a child miss this test or require testing at a later age, the health visitor selects suitable tests for older age groups.

Children who fail two screening tests must have detailed tests making use of more specialized equipment. Two health visitors have attended a more advanced course at Manchester and two medical officers also attended a special course to qualify them for the specialized testing and in methods of guidance of parents who inevitably shoulder the bulk of the work which has to be done to help a child with a defect, to develop any hearing he has, to his utmost capacity. It will probably be necessary for medical and nursing personnel to attend further courses, but an important start can be made with any young child to provide the guidance necessary until his particular requirements for special education can be assessed and he can be passed to the special teacher. In this work a close liaison is kept with Coventry and Warwickshire Hospital where the consultant Ear, Nose and Throat Surgeon and his team of audiometricians and hearing aid technicians have a clinic. It is hoped, by next year, to have important information as to the incidence of defective hearing in very young children."

Care of Premature Infants.

Routine arrangements continue to operate in accordance with Ministry of Health Circular 20/44 to provide for:

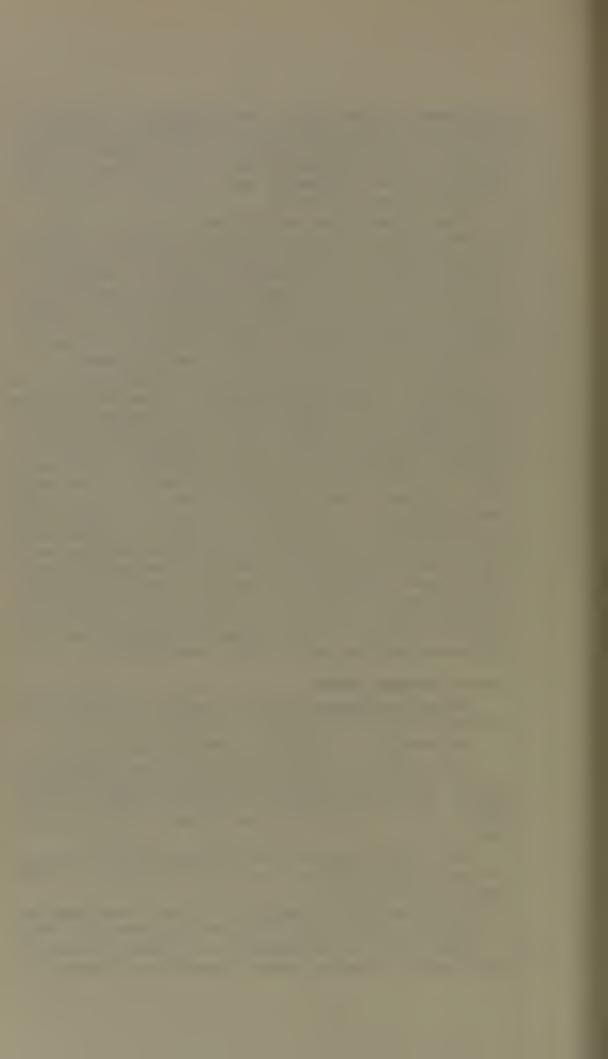
The notification of all infants $5\frac{1}{2}$ lbs. and under at birth.

The availability of four premature baby sets, consisting of treasure cot filled pockets for hot water bottles; rubber hot water bottles; mackintosh covered flock pillows; Gamgee suits and Belcroy feeders. These sets have been in use 16 times during the year.

Each midwife keeps in reserve two Gamgee baby suits and a maternity outfit for emergency cases: thirty of the baby suits have been used during the year.

Oxygen supplies are available at the Health Department and at the Ambulance Station also, for the use of any doctor or midwife.

Special carry cots are available at the Ambulance Station for the transport of premature babies to hospital when necessary.



The services of a consultant paediatrician are available on request by medical practitioners in the city.

The following are statistics of premature births occurring within the city during 1957:—

- *1. The number of live premature babies notified in the city was 237.
 - 2. Of the above 91 were born at home, 140 in Gulson Hospital, and 6 in nursing homes.
 - 3. Of those born at home (91), 22 were transferred to hospital within 24 hours; of the 69 remaining in their own homes, 1 died in the first 24 hours and 68 were alive at the expiration of one month.
 - 4. Of those born in hospital (140), 20 died in the first 24 hours and 107 were alive at the expiration of one month.
 - 5. Of those born in nursing homes (6), all were alive at the expiration of one month.

*The number of premature babies born in Coventry and Warwickshire Hospital, Keresley, was 126. These are not included in the figure 237 shown above, as the hospital is in the county area.

Dental Care.

The Senior School Dentist (Mr. J. A. Smith) advises me that the following work (see table below) was accomplished during 1957 in connection with the Maternity and Child Welfare Service.

(a) Numbers provided with dental care.

Made dentally fit as far	Dental sepsis eradicated	but no dentures provided
Treated	16	141
Needing treatment	250	152
Examined	29	183
	Expectant and Nursing Mothers	Children under five

(b) Forms of dental treatment provided.

	רק קל קל	Ane	Anne-thetics		Scalings	Silver		C	Dentures provided	ures ded
	tions	Local	General	Fillings	Scaling and gum treatment	Nitrate treatment	Dressings	graphs	Complete Partial	Partial
Expectant and Nursing Mothers	35		119	1						
Children under five	408		137	12						

There has been no improvement in the recruitment position so far as the municipality is concerned, and, as usual, our three available dentists are fully occupied with acutely affected children and matters of urgency rather than with the conservative type of work for which the dental service was primarily constituted.

Supply of Welfare Foods.

Dried milks from a selected list and other suitable preparations are stocked at the infant welfare centres, either for sale, or if the need is proved, for free issue.

During the year sales to the value of £12,902 198. 7d. were made at the various centres; this compares with £10,896 136. 6d. in 1956 and £9,801 108. 7d. in 1955.

The arrangements outlined last year for the supply of national dried milk, orange juice and cod liver oil from a shop fitted out for the purpose in the basement of the new Council Offices functioned satisfactorily throughout the year.

Provision of Maternity Outfits.

A stock of maternity outfits is held in the Health Department to supply the needs of expectant mothers who are to be confined at home. A recommendation signed by the midwife or doctor is required before issue.

In 1957 the number of such outfits issued without charge was 2,609. The outfits have been modified from time to time on the suggestions of attendant general practitioners and midwives.

Nursery Provision.

Day Nurseries.

The nine day nurseries in the city continued to function as previously and the following relevant statistics indicate the demand made upon the service during the year.

The scheme for training nursery nurses continues, and during the year 16 nurses have received the N.N.E.B. certificate.

	Number of	ATTENI	DANCES	Total Attendances 9,390 14,026 9,545 7,159 10,349 9,440 7,804 4,765 8,711
DAY NURSERY	Places	Age 0 to 2 years	Age 2 to 5 years	
Papenham Green	50	3,731	5,656	9,390
Foleshill	70	7,030	6,996	14,026
Monks Park	50	3,736	5,809	9,545
Poole Road	40	2,542	4,917	7,459
Queen Philippa	54	5,290	5,059	10,349
Stoke Green	55	3,259	6,181	9,440
Whoberley	40	1,754	6,050	7,804
Windmill Road	3 6	1,560	3,205	4,765
Wyken	40	2,069	5,742	8.711
Total	435	31,874	49,615	81,489

The total number of attendances during the year was 81,489, which over the 244 days the nurseries were open gave a percentage of 76.7. The influenza outbreak towards the end of the year resulted in many children being absent.

CARE OF UNMARRIED MOTHERS AND CHILDREN Mother and Baby Home.

Our present arrangements for the provision of accommodation for unmarried expectant mothers and subsequently for the mothers and the babies, includes an agency arrangement with the Committee of St. Faith's Shelter, Coventry. During 1957 there were 37 mothers and 30 children accommodated in this shelter, for whose care and maintenance the local health authority accepted financial responsibility.

In addition the department has accepted responsibility for the maintenance of 11 unmarried mothers and their expected children in out-of-town homes (Birmingham, London, etc.) when there were special circumstances.

The provision of our own Home for Mothers and Babies is still a matter for the future.

MIDWIFERY

Section 23

The City Council is the local supervising authority under the Midwives' Acts, and during the year 1957 received notice of intention to practise midwifery from the following:—

Municipal midwives			38
Midwives employed in nu	rsing	homes	 2
Independent domiciliary	midwi	ves	 6
Hospital midwives			 10

There are 13 houses provided by the Council for municipal midwives, and telephones are installed in all midwives' houses.

The liaison between general practitioners and municipal midwives continues to be generally very satisfactory.

The Council have also approved a loan scheme so that midwives are able to purchase cars and repay the Council over a period of four years.

A summary of statistics is given below:—

No. of births attended:					1957.	1956.
Doctor not present.					2113	1928
Doctor present .		•••	• • •	• • •	263	195
					2376	2123
No. of visits paid:						
(a) Ante-natal .					16118	14230
(b) Nursing					46122	46104
(c) Special visits.					10931	1030
(d) Visits to patie		urned	from			
hospital					4321	5489
(e) No. of patient	ts retu	rned	from 1	hos-		
pital for nu:	rsing (at hoi	ne be	fore		
the 14th da					1583	1664
No. of requests for me	dical a	nid			516	525
No. of cases transferred					322	258
No. of cases in which					3	.,
was used					1779	1691
No. of cases in which	Trilene	was	used		108	18
No. of abortions					15.	2 6
No. of advisory attenda						
(a) Ante-natal clir					676	665
(b) Relaxation clir					266	220
(c) Post-natal clin					101	117
No. of gas and air mac			in den	art-		
					40	40
No. of Tecota Mark 6 n	nachine	e for	Trichl	oro-		
ethylene in use in					2	2
No. of municipal mid-	wives	traine	ed to	use		
these machines					38	38
					1 hoos	

Two gas and air machines in the department have been replaced by two trichloroethylene machines.

The independent midwives attended 10 confinements during the year; they administered gas and air analgesia in 6 cases and sent for medical aid in 4 cases.

The number of births occurring in private nursing homes was 190, and there were 190 gas-air analgesia administrations and no medical aid was required.

HEALTH VISITING

Section 24

1957 showed a continuation of the progress made by amalgamation. It has been a busy year, with increased duties owing to anti-poliomyelitis vaccinations, when 12,013 children each received two injections during the year.

At the end of December, 1957, there were 51 staff working in the department, comprising:—

- 1 Superintendent
- 2 Deputies
- 311 Health Visitors
 - 1 Part-time Health Visitor
 - 5 T.B. Visitors
 - 7 School Nurses
 - 4 Temporary School Nurses

24 Health Visitors took special training for the assessing of hearing in the young child, and this has brought a further duty and interest to their work.

Two of the Health Visitors took a further training in Manchester on 'Diagnostic Tests of Hearing in Theory and Practice', which enables them to give even greater service to the young child. Both these Visitors regularly attend the Hearing and Diagnostic Clinic at the Coventry and Warwickshire Hospital.

Seven Health Nurses attended refresher courses in 1957.

During the year we have had seven Health Visitors' resignations, of which two married and left the city, two left for personal domestic reasons, one retired, one left for promotion, and one temporary School Nurse was transferred to the Midwifery Section.

One School Nurse on the permanent staff was away for the entire year but is hoping to return to duty early in 1958. One of the Health Visitors has had two major operations during the year and has had six months' sick leave.

It has been a happy year of work, although duties have increased considerably, and the five students we have in training will not in any way replace the staff that have left or, indeed, be able to cope with all the work waiting to be done. The department could find work quite readily for additional health visitors.

Our two new centres, Broad Street and Tile Hill, are doing excellent work and are very popular in their respective areas. By comparison the poor accommodation at other centres, particularly those at Links Road and at Stratford Street, is disheartening to the staff whose good work is deserving of better working conditions.

Health Visiting: Tabulation of Work.

	1957		1956
Ante-natal cases	649		683
Notified births	5,293		4,862
Revisits to notified births	15,528	1	5,052
,, ,, Children aged 1-2 years 9,314 ,, ,, ,, 2-5 ,, 15,374	24,688	9,258	27,596
Infant death enquiries	147	′ ′	116
Stillhinth ananisias			220
Stinorth enquiries	93		67
Visits to tuberculosis cases	6,160		7,203
" " " non-pulmonary tuberculosis cases	351		522
,, ,, B.C.G. cases by T.B. visitors	82		68
,, ,, other infectious diseases	2,834		1,543
., ,, special cases	6,666		5,248
,, ,, homes no reply	11,077	1	1,015
,, ,, contacts of infectious diseases	341		6
B.C.G. visits for Medical Research Council	1,646		774
Sessions at Welfare Centres	4,873		4,373

Cases Investigation	ted				81
Cases admitted	to hos	pital			26
Cases treated by	Out-	Patients	d' Dep	art-	
ment					23
Cases treated by	y own	doctor			22
Cases treated at	home				10
Nature of Accidents					
Eurns and scale	ls				19
Cuts and bruis	es				30
					5
					2
Poisoning					14
Miscellaneous					1 1

ACCIDENTS IN THE HOME

Lack of protection is still the cause of many burns and scalds. One child burned his hand on a hot grate. Another scald was caused by an overspill from a hot water bottle whilst being filled. A scald of the mouth was caused by a child drinking from the spout of a teapot. Another child fell against a draw plate when the fireguard was not in place. Another child's nightdress caught fire whilst passing an unprotected fire. Another child pulled aside the fireguard and slipped on the hearth. A cup of tea pulled from the table caused another accident. A kettle of boiling water was pulled from the stove in another case. A burn of the lip was oaused by giving ammonia in mistake for gripe water. A burn of the eye was caused by an older brother poking the child with a burning stick from a bonfire: fortunately, this was not so serious as it might have been.

Quite a few of the bruises and abrasions were caused by falling downstairs or from chairs. One resulted in severe damage to the incisor teeth which had to be extracted. Milk bottles seem to be the cause of many cuts.

A fractured humerus was caused by a child putting his arm in a spin dryer. A fractured wrist was caused by falling downstairs.

The poisoning cases were again the result of not keeping under lock and key materials that are dangerous to children, such as "Vick", which latter had been left around in one case and the child had eaten some: but after a gastric lavage, appeared little the worse for the experience. There were several cases of turpentine poisoning—bottles not being put back after being used by the father for decorating, etc. Another child took half a bottle of M & B tablets. Another child swallowed a large number of aspirins. There was one case where Thawpit had been swallowed.

One child inhaled an orange pip, which was removed by a bronchoscope at Gulson Hospital: the child made a complete recovery.

Of the investigations made concerning accidents in the home it is gratifying to know that there were no fatal incidents recorded. The percentage of burns and scalds shows a welcome decrease, and cuts and bruises are very much in evidence, which is, of course, to be expected with children. Among the miscellaneous accidents was a preponderance due to the swallowing of foreign bodies. The one causing greatest anxiety to the parent followed the swallowing of a curtain ring by her child and the hook became fixed in his throat: when he appeared to be choking the mother pulled hard and removed the left tonsil. Cases of poisoning still persist, although they have been of a milder degree in relation to the swallowing of tablets, but carelessness through leaving bottles of turpentine and paraffn lying around has taken its toll: however, in all cases the children have responded to treatment. The head injuries were caused by falls from chairs, tumbling downstairs and out of prams.

HOME NURSING

Section 25

The staff engaged in the Home Nursing Service at 31st December, 1957, was as follows:—

- 1 Superintendent
- 2 Assistant Superintendents
- 45 Full-time nurses (including 4 male nurses)
- 15 Part-time nurses
 - i Clerk-telephonist

Statistics for Year ended 31st December, 1957

visits made by the administrative staff.

				1957.	1956.
Total number of cases atte	nded			6,175	6,533
Number of new cases atter			,	5,276	5,682
Number of visits made,	includ	ling r	night		
visits			• • •	218,040	222,616
Number of operations atter	nded			17	55
New cases referred for trea	atment	by :-	4		
Private doctors				4,814	5,290
Health Department				107	56
Hospitals		• • •		3/5/5	336
					5,682
				5,276	5,002
Results of treatment were	as fol	lows:			
Convalescent				2,502	3,, 1101
Sent to hospital	•••			754	701
Relieved				1,324	1,229
Died				5/8/6	603
Remaining under ca				1,009	899
5					6 = 20
				6,175	6,533
An analysis of the wo	ساد می	ried c	ur duri	ng the year	is given
in the following table:—	nk cai	ricu c	, at Gair	· · · · · · · · · · · · · · · · · · ·	ζ,
	. 1 1.	o of I	et Ianu	arv	899
No. of patients on the	э роок	S at 1	st janu	<i>ary</i>	5,276
No. of new patients	during	the y	rear .		
No. of patients on the	e book	s at 3	ist Dec	ember	1,009
No. of patients nurse	d duri	ng the	e year .		6, 175
*No. of visits paid					218,040
*Included in the num	har of	visite	s paid a	re 1,996 si	ipervisory
*Included in the num	strativ	e staf	f.		

Reason for visit.				1957.	1956.
Medical				4,621	4,752
Surgical				1,087	1,398
Infectious diseases				41	18
Tuberculosis				2314	2:19
Maternal complication	ons			192	146
Others				_	
				6,175	6,533
Included in appropri	iate				
categorisation:					
Old Age Pensioners		• • •		2,658	1,762
Children under 5			• • •	3/17	343

Injections given in 1957.

Insulin 48,116; penicillin 21,559; streptomycin 6,478; anahaemin 1,895; campolon 7; imferon 1,864; cytamin 3,646; plexon 72; vitamin B 396; vitamin C 37; vitamin K 17; mersalyl 6,426; neptal 8,623; thiomerin 278; cardophylin 34; aminophylin 4; mercardin 40; myocardin 477; A.C.T.H. 26; progesterone 195; prostigmin 290; myocrysin 10; testosterone 196; eucortone 39; artistan 93; histamin 11; adrenalin 149; A.T.S. 11; morphia 3,850; pethadine 266; omnopon and scopolamine 277; socium gardinal 46; sodium amytal 1; largactil 151; paraldehyde 8; phenobarbitone 70; herion 2. Total 105,660 visits.

The nursing staff was increased during the year by five additional part-time nurses; one appointment as Assistant Superintendent however was not filled. Eight of the general trained nurses gained their Queen's Certificate, and at the end of the year four other nurses were in training for it. In October the Superintendent, Miss H. B. Auckland, retired on pension, thus closing a long and honourable service in the nursing of the sick in Coventry. As Superintendent at the time of the transfer of the service to the local authority in 1948, she was responsible for the smoothness with which it was integrated into the general health department services. Her successor in this important post was her former Senior Assistant, Miss M. C. Lynch, who had been working in the Coventry nursing service for nine years.

The transport arrangements have worked satisfactorily throughout the year, and the extended garage and additional cars have fulfilled their purpose.

The number of visits paid and of cases dealt with showed a slight easing off during the year and consequently reduced the heavy strain of 1956. A feature of the latter part of 1957 was the marked increase in the number of old age pensioners for whom

nursing assistance was required. The year's total of 2,658 pensioner cases (as against 1,762 in 1956) follows the countrywide pattern and forms part of the service's contribution towards the well-being of our ageing population.

There was again a marked increase in the injection therapy work during the year, when 105,660 injections were given (1956: 100,996). It may be of interest to note here that 1,534 diabetic patients received 48,116 injections of insulin.

Ministry of Health Circular 1/58 requests information as to the effectiveness of the Home Nursing Service in relieving pressure on hospitals by providing home care for patients who might otherwise have to be admitted to hospital. Our Home Nursing Service is able to achieve this in the following ways:--

Pre or post hospital treatment.

This minimises the length of time which it is necessary for the patient to spend in hospital and may take any of the following forms:

- Post-operative wounds which have not healed and surgical (a) dressings are continued by the District Nurse.
 - Appendicectomy e.g. Mastectomy Abdomino-perineal excision Herniorrophy Fistula-in-ano Breast abscess
- Conditions requiring treatment by injections either prior to, (b) or subsequent to, in-patient treatment.
 - T.B. patients requiring Streptomycin. Chemotherapy prior to dental extractions. Diabetic patients, either continuing to give insulin or teaching patient to do so. Asthmatic patients requiring Adrenalin. Cardiac oedema for continuation of diuretic drugs. Anaemia for continuation of injections.

Continuation of treatments carried out in the home in the (c)

following cases:

Pressure sores Dressings to burns Dressings to lacerations following accidents General nursing care for patients with various fractures—e.g. fractured pelvis.

Operations performed at home.

The following operations are frequently carried out in the patient's own home so obviating the necessity of hospitalisation:

- Circumcision (a)
- (b) Incision of breast abscess
- (c)Dental extractions
- (d) Tonsillectomy

- (3) Midwifery cases where either (a) the mother has pyrexia or is a contact of an infectious disease or (b) the baby has some septic condition, the district nurse takes over the care of the patient either from the hospital or the midwife.
- (4) Acute cases, requiring anti-biotic treatment can, with few exceptions, be nursed wholly on the district.
 - e.g. Pneumonia
 Pleurisy
 Bronchitis
 Cellulitis
 Phlebitis
- (5) Cases of inoperable carcinoma are nursed following their discharge from hospital.
- (6) Chronic cases requiring general nursing care are nursed at home, either after discharge from hospital or throughout their illness.
 - e.g. Senility
 Rheumatoid Arthritis
 Poliomyelitis
 Parkinsons disease
 Cerebral thrombosis
 Cardiac failure

VACCINATION AND IMMUNISATION

Section 26

The department carries in cold storage small stocks at least of certain vaccines for immunisation procedures which are available to general practitioners as well as to our own medical staff, for use against such diseases as smallpox, diphtheria, whooping cough and poliomyelitis.

I am happy to record that no case of diphtheria was notified in the City during 1957. The continuance of this desirable state of affairs depends largely on the parents making sure that their children are protected by immunisation from this one-time scourge. The price of freedom from diphtheria is the protective immunisation of all children.

In addition to the above facilities the health department ensures arrangements upon request whereby travellers to foreign countries may be immunised against such diseases as typhoid, cholera and yellow fever, and their documents authenticated to conform with international regulations.

Vaccination.

Some 2,899 persons were vaccinated for the first time during the year. This is an increase of 884 over the previous year and 2,290 more than in 1948, the last year of compulsory vaccination, when 609 were vaccinated. This gives an approximate increase of

376% in the vaccination rate over 1948, and 43% over 1956, which surely gives some cause for satisfaction.

The following are statistics available for the year ended 31st December, 1957:—

Number of invitations sent out to parents of newly-born children:—

for	vaccination	 	 4,099
for	immunisation	 	 4,099

Completed Immunisations and Vaccinations.

				Infant Welfare.	Private Doctors.	Schools.	Totals.
(a)	For diphtheria immu	misat	tion				
	including combined	• • •		1,566	1,300	905	3,771
(b)	Secondary or boosti	ng					
	injections			80	255	2,072	2,407
(c)	For whooping coug	h					
	immunisation only			186	III	I	298
(d)				†1,366	1,5/3/3		2,899
(e)	For revaccination			*149	5/2/7		676

†This figure includes 43 vaccinated at the Health Department.

POLIOMYELITIS VACCINATION

The poliomyelitis vaccination programme which commenced in 1956 was continued in 1957 as poliomyelitis vaccine became available. The scheme, which hitherto had been administered solely by the local authority medical officers, was extended so that general medical practitioners were given the opportunity of participating in accordance with Section 26(3) of the National Health Service Act, 1946. Following discussion with the Coventry Medical Committee all medical practitioners in the city were circulated to ascertain their wishes and some 89 per cent. agreed to participate.

Consent forms for distribution to parents were modified to permit them to indicate a preference either for the family doctor or local authority doctor to vaccinate. They were also modified to extend the age groups eligible for vaccination to include children born in 1955 and 1956 as well as 1947-1954 inclusive.

A return indicating the number of requests received for the new age groups was rendered to the Ministry of Health in August, 1957.

Despite a high poliomyelitis incidence of some 116 cases and serious shortage of medical officers during the year, approximately 12,000 children were completely vaccinated and a further 1,000 each had one injection. At the end of the year about a further 10,000 applicants awaited vaccination.

The programme to the end of 1957 is indicated on page 42.

^{*102} people were re-vaccinated at the Health Department.

POLIOMYELITIS VACCINATION

No. actually vaccinated No. of applications for No. still waiting

at 31.12.1957

42 No. of Children for whom Applications Registered, but at 1.1.58 had not had any OTH DRIV SITH WAITING : 9,826 Injection 1,147 67 10 9.826882 1,049 1,639 1,411 642 246 570 2.20 624 16 45 09 171 No. who received one Injection only by 31,12,57 1,067 10 Ġ. 13 204 57 26 651 100 2,002 1,019 90 က 07 1,615 1,798 1,344 1,125 1,061 \equiv 01 12,013 2,021 Total No. OF CHILDREN VACCINATED (TWO INJECTIONS) From 1.10.57 to 31.12.57 1 we injections, 12,013 2,427 00 9 342 172 803 968 ତା 3 58 43 \equiv 34 51 From 1.7.57 to 30.9.57 4,275 985 566 217 966 373 574 457 107 CHIEDREN VACCINATED: From 1,12.56 to 30.6.57 4,297 542 538 535 553 562 778 268 521 Up to Dec. 1956 1,014 163 130 129 88 158 96 126 124 APPLICATIONS REGISTERED FOR CHILDREN TO BE VACCINATED 52 10 22,906 3,036 2,763 2,652 2,557 2,235 1,899 2,167 2,171 1,420 17 17 173 1,651 lotai 9 to Dec. 1957 From Oct. 1,623 1.7 108 133 52 16 09 173 95 22 97 [0] 132 1 81 From April 1956 to Sept. 1957 7.654 472 540 622 905 987 1,158 383 720 1,441 404 Before April, 1956 13,629 2,469 2,308 2,152 1,936 1,414 1,169 1.130 1,051 Expectant TOTALS Mothers Year of Birth 1945 1946 1948 1949 1952 1953 1954 1955 1956 1957 1947 1950 1943 1944 1951

DECT 121 121 22,006

POLIOMYELITIS (INFANTILE PARALYSIS)

The incidence of poliomyelitis was high in the year 1957 and reached epidemic proportions. A total of 116 cases were investigated, some 71 of these being paralytic and 45 non-paralytic. It will be seen from Schedule II that the eastern peripheral wards, namely Longford, Upper Stoke, Lower Stoke, Walsgrave, Charterhouse and Binley, accounted for 56 per cent. of all cases occurring in the city, and in particular, the north-east ward Longford accounted itself for 20 per cent. of all cases. It is significant that this ward was the focus of infection for the ECHO. 9 aseptic meningitis outbreak of 1956 and of the Sonné dysentery outbreak of the same year, and that although not so extensively populated, during the 1953 poliomyelitis epidemic had 17 cases out of the city total of 164.

The "time" distribution of cases in the city is shown on page 44.

1957
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Ξ
POLIOMEYLITIS
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		Мрорецеу		1	1	-	1	-	 		1	2	1	63
		boow1259W		1	1	2	1	67		1	1	_	ļ	1
1	Ī	Walsgrave		,	-	7	ş	∞				4	1	4
ı		Lower Stoke	•	- ,	-	1-	1	6				က	1	ಣ
		Upper Stoke		1	1	9	1	9			1	က	1	က
		St. Michael's		1		2	1	જા		1	1		1	-
		Вретроитре		-	-	1	1	2		-	i	7	l	જા
	DS	Radford		1	1	4	1	4		1	1	દા	1	ગ
۱	WAR	Longford		1	-	=	1	12		1	_	11	1	2
		Holprooks		1	1	က	1	က		1	1 2	10		5
		Godiva		1	-	1	1	1		1	1	-	1	-
		llideslo4		1	1	õ	-	9			l	-	1	-
		Earlsdon		1	1	62	ı	2		1	١	7		-
		Cheylesmore		1	2	က	1	ಲ		ı	1	4	1	4
		Operterbouse Subjusted Subjusted		1	2	4	1	9		1	7	-		23
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		45 to 65		!	1		,			ı	1	1	1	1
	ARS	25 to		1	ಣ	7	-	11		ı		2	1	o1
	AGES — YEARS	15 to 25		7		9	1	00		l 	1	က	1	ಣ
	AGES	5 to			2	26	1	29		_	6.1	26	1	29
		1 to			က	17		20		1	1	11		11
		Under		1	1	ಣ	ı	ಣ		1	1	1	1	1
		At all AGES		ଷ	6	59	-	71			c1	42	1	45
				÷	:	:	:			:	:			:
			Paralytic Poliomyelitis	1st Quarter	2nd Quarter	3rd Quarter	4th Ouarter	X	Non-Paralytic Poliomyelitis	1st Quarter	2nd Ouarter	3rd Ouarter	44h	tui Quanci

SONNÉ DYSENTERY

This infection accounted for some 645 cases in 1957, and of these no less than 572 occurred in the first quarter, being a continuation of the serious epidemic of 1956, when there were 1,334 cases. The fall in the number of cases in the first three months from a figure of 90 per week down to 10 per week was most dramatic, but was not associated with any policy change as hygiene precautions were being practised intensively from the previous year. The incidence of cases was highest in the school age group and to a lesser degree in the toddler group before school entry, as will be seen from the table below

The time distribution of cases throughout the year is shown on page 46.

The following table indicates the incidence in the four quarters by age groups for 1957, and the totals are compared with the figures for 1956 and 1955.

	0-1	1-4	5—14	15—24	25—44	4564	65+	Total
lst Quarter 2nd Quarter 3rd Quarter 4th Quarter	33 5 3	157 14 6	257 14 3	21 1	74 5 3 3	24 4 1	6 2 -	572 45 16 12
TOTALS	44	181	275	22	85	30	8	645
1955 1956	5 45	35 347	67 638	7 55	26 180	3 54	15	147 1334

INFLUENZA

The long expected Asiatic influenza epidemic arrived in Coventry with a highly invasive impact in the week ending 21st September, so that the school absentee rate which had been stabilised at approximately 6,000, almost doubled itself by Monday, 23rd September, to reach a figure of over 10,000.

At the same time the Ministry of National Insurance sick benefit claims jumped from a figure approximating to 1,000 per week to over 2,500 for the week ending Tuesday, 24th September.

In industry for the week ending 27th September in certain selected factories the influenza absenteeism only amounted to 4 per cent. but this steadily rose over the following week. General medical practitioners reported no slackening off at this time in their very heavy commitments. By 27th September there were 14,584 school absentees, a rate of 30 per cent. On the 4th October there were no less than 20 schools with approximately 50 per cent. of children absent.

At its peak the epidemic caused considerable dislocation of work in local authority and hospital services, although never any complete breakdown, and there was a very heavy strain imposed on general medical and pharmaceutical services in the city.

Limited supplies of anti-influenza vaccine became available in the period of highest pressure from the epidemic, and some 300 Health Department staffs and about 100 general practitioners requested vaccination. Ultimately 118 Health Department staff had two injections, 61 had only one injection, and 165 ccs. of vaccine were issued to general practitioners.

During the last four months of the year there were 25 deaths from influenza, a total of 27 for the year, and 21 of these occurred in persons over the age of 45 years (see page 48).

48

INFLUENZAL DEATHS, 1957

	1				Age (
Month		Sex	Under 1	1—5	5—15	15—45	45—65	65 & over	Total
March	• • •	M F	_		_	1	_	_	1
April	•••	M F	=	=	_	_	1	_	1
May		M F		=	_	_	_	_	
June	•••	M F		_	=	_	_	_	_
July		M F	=	_	_	_	_	_	
August		M F	_	=	_	<u> </u>	_	_	_
September	•••	M F	<u> </u>	=	<u> </u>	_	<u> </u>	_	2
October	•••	M F	_	_	<u> </u>		5 2	1 2	13
November	•••	M F	_	_	<u> </u>	1	2	1 3	8
December		M F	_	_		=	1	1	2
Total			-	_	2	4	13	8	27

AMBULANCE SERVICE

Section 27

The year 1957 with a total of 93,233 patients moved (an average of 255 per day) is again a year of full achievement. Whilst the figures are lower than those for the preceding year, they still represent an average of 10 patients removed every hour of the day and night with a peak between 10 a.m. and 12 a.m. when 145 patients were moved in the two hours. The average mileage per patient moved was 3.66 and this compares very favourably with the figure for other big cities. A feature of the year's work has been the increased number of cases moved to Leigh House, Warwick, which is now rated as an ordinary hospital for the informal treatment of certain mental cases.

A comparative table of the work of the service over the past five years shows:—

	1953	1954	1955	1956	1957
No. of patients carried	112,636	119,022 42,0534	115,8 6 0 392,968	101,305 370,649	93,233 341,739
Average mileage per patient	3.88	3,53	3,39	3.65	3.66

The two charts on page 63 show (1) the average and maximum number of patients moved each day of the week for a whole year, and (2) the average and maximum number of patients moved during two hourly periods throughout a twenty-four hour day, and this illustrates the work performed by the various shifts which run from 6 a.m. to 2 p.m., 2 p.m. to 10 p.m., and 10 p.m. to 6 a.m. daily.

The use of our 8 berthed ambulance for the transport of maternity cases from hospital to convalescence again shows a record of economical running: 1,276 maternity cases were so transported in 1957. Our 'J' I and 2 type sitting case ambulances continue to find favour as an economical and speedy means of dealing with hospital out-patients.

The service is now responsible for the regular maintenance of all vehicles of the Health Department, the Welfare Service, the Home Nursing Service and the Public Health Inspector's Department. The staff engaged on our own and the above work consists of 6 Grade 1 Craftsmen and 1 Grade 2.

I am indebted to the Ambulance Superintendent (Mr. F. G. Warwick) for the following detailed report:—

Staff.

The staff engaged in this service was as follows; (the comparative figures for 1956 are shown in brackets:—)

			1957.	1956.
Superintendent			I	(1)
Deputy Superintendent			I	(1)
Sub-Officer			1	(1)
Shift Leaders			4	3 1
Sub-Shift Leaders			•	(4)
Ambulance Drivers (Male)		• • •	45	
Ambulance Drivers (Female)			11	(10)
Attendant (Female)			I	(1)
Mechanics, Grade 1			6	(6)
Mechanics, Grade 2			I	(1)
Telephonist			I	(1)
Cook, part-time			I	
	Total		77 —	— (76) —

This is 6 below the authorised establishment of 82 personnel.

The following table shows the years of service of the Corporation employees concerned:—

35 years' service or over	•••		I
15 years' service or over	• • •	• • •	5
10 years' service or over		• • •	10
5 years' service or over	• • • •	• • •	19
Under 5 years' service	•••	• • •	42
	T (1		
	Total		77

Vacant Posts.

There were 14 applications for vacancies but only 4 of these were required and appointed.

Health of Staff.

There was an increase in certified illness during 1957, the days so lost numbering 857 compared with 805 for 1956. A further 36 days were lost through absence without leave.

One member of the staff was absent as a result of injuries sustained during his employment.

Duties and Leave.

The Shift Leaders, Sub-Shift Leaders and Male Drivers work on a three shift system, with hours of duty as follows: 6-2, 2-10 and 10-6

Alternate 40 and 48 hour weeks are worked by all personnel, who are paid weekly. As in all seven-day services some overtime is inevitable, and this is arranged as necessary according to demands on the service.

Vehicles.

The operational strength of vehicles at 31st December was a follows:—

General purpose ambulances	 	12
Small sitting case ambulances	•••	
	• • •	I 2
Large sitting case ambulances	 	2
		26

The maximum carrying capacity of all these vehicles at any one time would be:—

Stretcher cases	• • •		• • •		3.1
Sitting cases		• • •		• • •	112
					143

Other vehicles operated by the department include: 2 Hillman estate cars mainly for mental health.

Petrol and Oil Supplies.

Supplies of petrol and oil are obtained in accordance with the Council's bulk purchasing arrangements and are stored in bulk tanks. The service provides fuel on charge for all vehicles of the Health Department and Civil Defence ambulances, and in addition, by mutual arrangements, for vehicles from other ambulance services coming to or passing through the city on production of a standard requisition.

Uniform.

Uniform clothing, comprising jacket, trousers (or skirts for lady drivers) hats, footwear, shirts and ties and overcoats or raincoats are supplied at eighteen-month intervals, through bulk purchase arrangements.

Method of Transmission of Calls.

All telephone calls are received through the switchboard in the Control Room on Coventry 5041/2/3, or by one of the direct lines from the Fire Brigade, the City Police, Coventry and Warwickshire or Gulson Hospitals; additionally a hand-operated telephone connects the Control Room with the Ambulance enquiry kiosk at the Coventry and Warwickshire Hospital.

By arrangement with the G.P.O. an additional telephone with a distinctive sounding bell is connected direct to the senior operator at the Telephone Exchange for the purpose of receiving "999" calls (priority) and this ensures immediate attention.

Over 2,981 calls were received on this line alone.

Ambulance Enquiry Kiosk.

The ambulance enquiry kiosk in the main entrance hall at the Coventry and Warwickshire Hospital is staffed during the daytime from 9 a.m. till 5.30 p.m. by a member of the Ambulance Service, whose duty it is to receive, correlate, and co-ordinate all hospital out-patient requirements before passing them to the ambulance control room. This system reduces the amount of waiting time for patients and obviates the duplication of requests and journeys.

Radio Telecommunications.

As new vehicles are purchased, radio equipment is transferred to them from older vehicles, or those which are to be used less, but there are still only 17 mobile sets available for the full fleet of 30 vehicles, although plans are in hand to increase the number of sets.

Arising partly from the continued use of V.H.F. radio the average mileage per patient is 3.66. Maintenance of this special equipment is carried out at regular intervals by the manufacturers' service department.

Accident and Emergency Journeys.

The number of accident and emergency journeys made during the year was 4,880, this differing only slightly from the year 1956 which was 4,729.

There is still very little change in the rate of home accidents, the total being 1,565: of these 15 cases received burns by fire and 5 of these had to be transported to the Burns Unit, Birmingham Accident Hospital.

Of the 4,880 accident cases attended, 86 were outside the City boundary.

The following table indicates the source of origin of accident calls received:—

"999" calls from members of the public 2,98	0
Calls on 5041 (mostly from industrial premises) 704	
Doctors on 5041 39	0
Police private line 46	1
Fire Brigade private line 20	0
Hospital private line 9	0
Verbal messages to control room	8
Vehicle radio from ambulances on other work 5	О
4,88	0

Services not Required (Accidents).

Of the 4,880 accident calls responded to, on 296 occasions the services of the ambulance on arrival were not required.

Resuscitators.

During the month of August, 1957, the Stephenson Minuteman Resuscitator was received, which has been a great asset to this service. During the three months it has been in service, it has been used 8 times, 6 of which were successful.

The Novox Resuscitator was used on 16 occasions during the year, 15 of which were successful.

Occupation Centre, Burns Road.

Transport for conveyance of the pupils to and from the Occupation Centre is now hired from a local coach operator, but three escorts daily are provided by this service. The number of pupils carried by the contractor was 40,3/20.

City Traffic Congestion.

Some delay has been noted as a result of traffic congestion in the central streets of the city, especially during peak periods, but with police co-operation these are reduced to a minimum.

Treatment at the Royal Pump Rooms, Leamington Spa.

Patients are taken each day from their homes in Coventry to the Pump Rooms at Leamington for various forms of spa treatment. This service conveyed 4,690 patients in the year.

Civil Defence.

Driving instructions are still given at weekends to Civil Defence personnel with the result that 5 members passed their driving test; the two Civil Defence ambulances for this purpose are manned by Civil Defence instructors. Lectures have been given by two Ambulance Officers to members of the Civil Defence.

Transport of Patients by Train.

The facilities offered by British Railways for the conveyance of patients to distant places by train have been used for 114 patients. The special "Parrot" stretcher was used on 31 occasions for transporting bedridden patients.

The 114 journeys by train have resulted in a definite saving. The temporary absence of both vehicles and personnel is a feature of long distance journeys, and any reduction in these calls is to

be encouraged.

General.

The extent of the demand from the Hospital Management Committee for the transport of patients to hospitals and homes outside Coventry will be seen from the following list of places to which 18,511 patient journeys were made during 1957:

The Towers, Kenilworth Kenilworth Convalescent Home Warwick Central—Leigh House Warwick—King Edward VII Chest Hospital Warwick Hospital

Warwick Hospital
Punp Rooms, Learnington
Warneford Hospital, Learnington
River Park Nursing Home,

Leamington
George Eliot Hospital, Nuneaton
Manor Hospital, Nuneaton
Higham Grange
Bramcote Hospital
Blackwell Recovery Hospital
St. Cross Hospital, Rugby
St. Luke's Hospital, Rugby
Bolehill, Tamworth
St. Peter's, Droitwich
Ronkswood Hospital, Worcester
Manfield Hospital, Northampton
Leicester Royal Infirmary

Creaton Sanatorium, Northampton
Birmingham—General Hospital
Maternity Hospital
Eye Hospital
Women's Hospital
Queen Elizabeth
Hospital
Accident Hospital
Dudley Road
Orthopaedic Hospital
Ministry of Pensions
Woodlands Hospital

Romsley Sanatorium
Marston Green Hospital
Harboro Magna Hospital
Smethwick Hospital
Grendon Hospital
St. Wulstan's, Malvern
Gables House, Droitwich
Rateliffe Hospital, Oxford
Bradwell Hospital, Stoke-on-Trent

Occasional abuses of the ambulance service facilities and a few difficulties which are common in all similar services occur from time to time, but these have dwindled to negligible proportions and are usually dealt with by the officer on duty.

In conclusion I would say that we in the Ambulance Service appreciate very much the interest shown by the Health Committee in the running of the service, and the most helpful day to day liaison with the Health Department. I also wish to thank the City Police, the Fire Brigade, and the hospital staffs for their valued co-operation throughout the year."

AMBULANCE SERVICE
Record of Work Performed for Year Ending 31st December, 1957.

(7) No of paid whole time staff at 31.12.57	01	0		1		1	92
(6) Total mileage during year	340896	843	 	I		1	341739
(5) Number of accident and emergency journeys during year (incl. in column 3)	4880	1		1		1	4880
(4) Total No. of patients carried during	93086	147		1	Company of the Compan		93233
(3) Total No. of journeys during year	35678	70		ı		l	35748
(2) No. of vehicles at 31.12.56	26			ı		1	26
1956	Ambulances	Cars	Ambulances	Cars	Ambulances	Cars	ALS
D 31	Directly	Service(s)	Agency	Service(s)	Supplementary	Service(s)	TOTALS

CLASSIFICATION OF PATIENTS CONVEYED.

Transfers House to Total	8472 105 93233
Discharges	5203
Admissions	8669
After Treatment	33817
For Treatment After Treatment	32108
Patients involved in Accidents	4859

TRANSPORT AND OTHER WORK (NUMBER OF JOURNEYS).

Total	21.1
Miscel- laneous	Constraint of the Constraint o
Civil Defence	ಣ
Civic Airport	67
Public Health Dept.	39
Municipal Midwives	14
Home Nursing Service	88

A point of interest is that the 88 journeys for the Home Nursing Service involved a total of 1,541 miles and 189 drivers hours.

SUMMARY OF THE LAST 6 YEARS' WORK.

		1957	1956	1955	1954	1953	1952
No. of Ambulance	ecs	26	23	24	25	23	24
No. of Cars			1	3	3	5	5
Number of pai Staff	d whole-time	76	76	75	76	80	79
	by Ambulance	35,678	34,923	35,854	34,386	30,329	29,526
No. of journeys-	by Car	70	1,498	1,468	3,382	7,106	8,336
	Total	35,748	36,421	37,322	37,768	37,435	37,862
	by Ambulance	93,086	99,012	114,045	113,449	100,215	87,929
No. of Patients	by Car	147	2,293	1,815	5,573	12,421	13,557
	'Total	93,233	101,305	115,860	119,022	112,636	101,486
% increase or previous year	decrease over	7.96 Decrease	12.56 Decrease	2.6 Decrease	17.6 Increase	10.98 Increase	13.97 Increase
	by Ambulance	340,896	344,809	362,194	346,127	335,584	301,252
Total Mileage	by Car	843	25,840	30,774	74,407	102,207	129,145
	Total	341,739	370,649	392,968	420,534	437,791	430,397
% increase or previous year	decrease over	7.8 Decrease	5.67 Decrease	1.52 Decrease	2.53 Decrease	1.71 Increase	.25 Increase

Total No. of patients during the 6 years as above 643,542
Total mileage during the 6 years as above 2,394,078
Average mileage per patient during the last 6 years ... 3.7

Analysis of Patients Conveyed in Journeys out of Town	Total
Patients discharged from, or after treatment at Coventry Hospitals to places outside the City	77
Patients for or after treatment in Hospitals or Clinics outside Coventry (excluding Keresley Hospital)	9,551
Patients discharged from Hospitals, Nursing Homes or Convalescent Homes outside Coventry (excluding Keresley Hospital)	2,534
Removals from private houses in Coventry to private houses in other towns	3
Admissions to Hospitals, Nursing Homes or Convalescent Homes outside city (excluding Keresley Hospital)	1,176
Transfers from Coventry Hospitals or Clinics to Hospitals, Convalescent Homes or Clinics outside Coventry, (excluding Keresley Hospital) or return	5,170
Total	18,511
Number of journeys by road of 50 miles or over from Coventry	93

ANALYSIS OF PATIEN

		,										_
FROM	C. & W. Hospital	Gulson Hospital	Keresley Hospital	Isolation Hospital	Paybody Hospital	Highview Hospital	Allesley	Dover St. Clinic	Gulson Road Clinic	Nursing Homes	C. & W. Hospital Mortuary	Chest
Номе	25,637	4,184	2,246	855	13	285	9	2,318	98	105	113	3
C. & W. Hospital		569	852	324	26	12	334	2	5	5	2	_
GULSON HOSPITAL	167	_	69	266	4	39	6	1	_	6	218	-
KERESLEY HOSPITAL	553	34		219	_	_	4	8	1	3	185	_
Dover Street Clinic	1	1	10	_	2	_	2	_	_	_	_	-
PAYBODY HOSPITAL	6	2	_	3	-	3	72	4	_	_	_	-
ALLESLEY HALL	31	2	2	-	27	2	_	_	_	-	1	
Nursing Homes	5	3	_	2	_	5	_	_	2	_	1	-
Pump Room, Leamington	_	_	_	_		1	22	_	_			-
CITY ISOLATION HOSPITAL .	252	315	381	3	23	6	3	2	_	3	67	2
GULSON ROAD CLINIC	1	1	2	-		-	1	1-			_	-
HIGHVIEW HOSPITAL	3	2		-			- 1		_	_	1	-
OLD PEOPLE'S HOMES	8	_	6	2	-	9	- 1	_	_		_	-
THE Towers, Kenilworth		2	_		_	_	_		_	_	_	-
KENILWORTH CONVL. HOME		3		_			_	_	-	_	_	-
SPECIAL SCHOOLS	4	3	_					3	11	_	_	
Out of Town Discharges			_	_	_	_	_		-	_		-
OTHER HOSPITALS OR CLINICS	8	12	1	30	-	1	1	2	_		-	-
OCCUPATION CENTRE		_	_	_		—			1	_	_	-
RAILWAY STATIONS	-	-	_	1	-	2	_	1-1	7-	_		-
TOTALS	26,676	5,133	3,569	1,705	95	365	454	2,340	118	122	588	3
												_

Plus:—

PERSONS INVOLVED IN THE FOLLOWIN

STREET	COLLAPSE	Номе	Sport	School	CHILDREN AT PLAY	Work	FACTORY	Mine
1,161	664	1,565	133	344	73	101	117	32

EYED DURING 1957

		_						_					
Warwick Central Hospital	Pump Room Leamington Spa	Old People's Homes	Children's Homes	Convalescent Homes	Railway Stations	Special Schools	Burns Road School	Other Hospitals	Other Clinics	Work	The Towers Kenilworth	Kenilworth Convl. Home	TOTAL
682	2,351	8		42	118	24	79	1,021	234		_	1	40,882
37	_	11		2	18	19	_	171	9	_	_	_	30,143
29		1		50	9	3	_	96	2		1,276	446	4,892
_	_	8	_		_	_		1		_	2		2,878
		_	_			5	34	_	_	-	_	_	2,334
_	_			_	_	_	_	_	_	_	_		152
2	31	1	2	6	2		_	2	_	_	_	_	422
1	_	_			1		_	_	_	_		_	32
_	_				_	5	_			_	_		2,367
6	1	_	1	7	5	_	_	44	1	_			1,360
_	_	_	_		_	10	1	_	1	_	_		388
_		5	_			_		1	_		_	_	49
1	_	1	_	_	_	_	_	1	_	_	_		28
_		_		_		_		_	_			_	675
_			_		_					_	_		49
_	5	_	_	_	1	_	_			_		_	51
_	_	_				_	_		_	_	_		726
1	-		_	2	_	-	8	6	25	_			797
_	_	_	_		-	_			_		_		74
_		_	-		_	-	-			_			74
759	2,388	35	3	109	154	66	122	1,343	272	0	1,278	447	88,373

DENT AND EMERGENCY JOURNEYS

BLIC	MATERNITY	ILLNESS	OTHER TYPES	S.M.R.	Total No. Journeys	Total No. Patients
23	5	66		296	4,880	4,859

Total Number of Patients carried during 1957 — 93,232

VEHICLES IN USE AT

Fleet No.	Registration Number	Make	H.P.	Date Purchased	Mileag durin 1957
2 3 19 20 21 40 41 42 44 45 46 47	TVC 560 TVC 561 MWK 219 MWK 220 MWK 221 PHP 40 PHP 41 PRW 451 RVC 44 SDU 45 RVC 46 TDU 680	Bedford Bedford Bedford Bedford Bedford Bedford Bedford Bedford Karrier Bedford Bedford Bedford Dennis Diesel	27 27 27 27 27 27 27 27 27 27 27 27 49	June 1957 June 1957 November 1952 January 1953 February 1953 October 1954 November 1954 October 1954 November 1955 March 1956 March 1956 February 1957	7,85 6,18 9,72 9,50 6,57 18,22 19,87 5,32 15,82 20,20 17,67 10,98
tting	Case Aml	bulances.			
1 14 15 16 17 18 22 35 36 37 38 39 49 50	TRW 846 MHP 579 MWK 315 MWK 316 MWK 317 MWK 318 MKV 288 PDU 35 PDU 36 PDU 37 PDU 38 PDU 39 TWK 15 TWK 16	Karrier Morris P.V. Morris "J Morris "J" Morris "J" Morris "J" Karrier Morris "J"	16 14 14 14 14 16 14 14 14 14 14 14	May 1957 August 1952 December 1952 December 1952 February 1953 February 1953 May 1953 July 1954 July 1954 July 1954 August 1954 August 1954 April 1957 May 1957 Totals	7.2 ¹ 7,9 19,8 17,7 15,4 14,3 8,7 14,4 16,9 17,7 9,8 19,2 12,6 8,6
tility	Vehicles			ı	
43 48	RKV 643 THP 551	Hillman Minx Hillman Minx	10 10	November 1955 February 1957	6,7 12,8
				1957 Totals	19,6

5 7	GKV 211 FYH 107 GRW 158 FDU 275 JRW 635	Humber Morris Willey's Jeep Humber Snipe Humber Hawk	$\begin{array}{ c c c }\hline 27 \\ 16 \\ 20 \\ 27 \\ 14 \\ \end{array}$	April 1948 August 1949 September 1947 January 1950	1,77 32 27 2,82 84
				Totals 1957	6,03

DECEMBER, 1957

Petrol	Oil	M.D.C	Total -	Age of	Vehicle
onsumed Gallons)	Consumed (Pints)	M.P.G.	Vehicle Mileage	Years	Months
628 618 853 736 523 1,516 1,748 718 1,575 1,785 1,553 440	46 60 159 182 90 274 262 85 226 169 174 58	12.5 10.0 11.4 12.9 12.5 12.0 11.3 7.4 10.0 11.3 11.3 24.8	7,859 $6,189$ $64,481$ $68,064$ $71,671$ $60,573$ $50,820$ $27,503$ $35,520$ $31,367$ $28,864$ $10,950$	5 5 5 5 3 3 2 1	7 7 2 0 0 3 2 3 2 10 10
12,693	1,785	11.6	Average Age at 31.12.57	2	8
510 683 996 998 898 803 633 923 1,021 1,064 557 1,183 678 546	17 161 102 113 67 131 68 56 54 83 70 57 15 12	14.1 11.6 19.9 17.7 17.1 17.8 13.8 15.6 16.6 16.6 17.6 16.2 18.6 15.8	7.205 67,875 96,746 87,621 76,740 97,670 66,429 52,566 55,797 60,900 42,239 54,176 12,611 8,635 Average age at 31.12.57	5 5 5 5 4 4 4 3 3 3 3 3 3	8 5 1 1 11 11 8 6 6 6 6 5 4 9 8
$\frac{333}{493}$	37 38	$20.4 \\ 26.0$	11,213 12,842		11
826	75	23.7	Average age at 31.12.57	1	6
		,			
249 41 23 390 63 766	90 4 6 47 6 153	7.1 7.8 11.9 7.2 13.3	Not known. Ex. W.D. Not known. Ex. W.D. Not known. Ex. W.D. 124,512	Utility	Ambulance y Vehic le g Čase Car

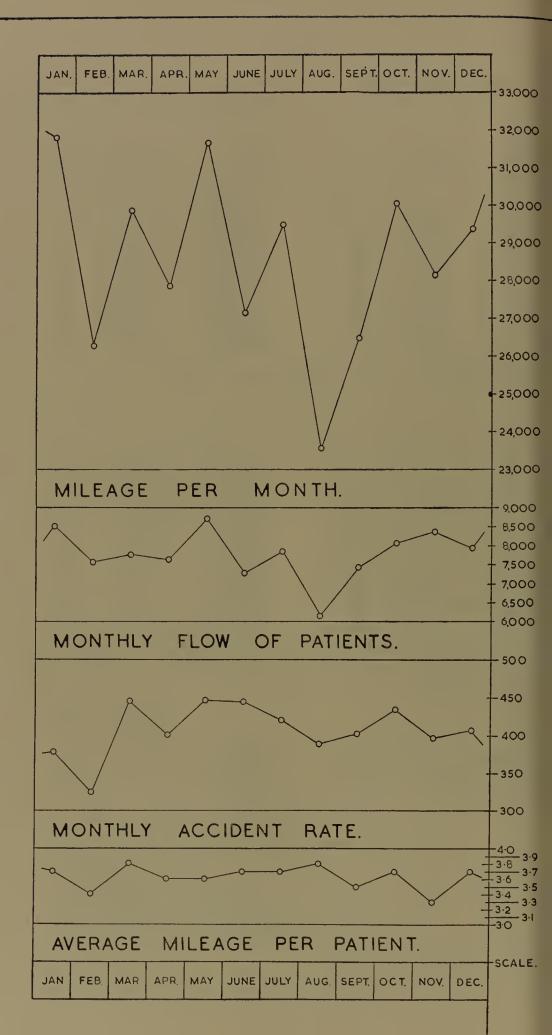
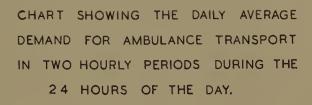
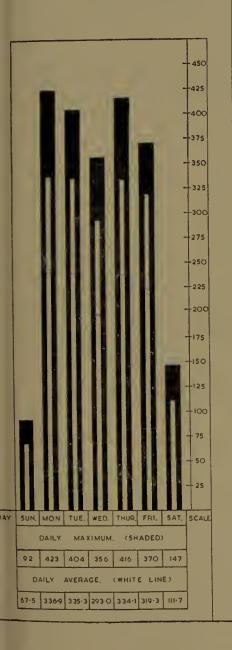
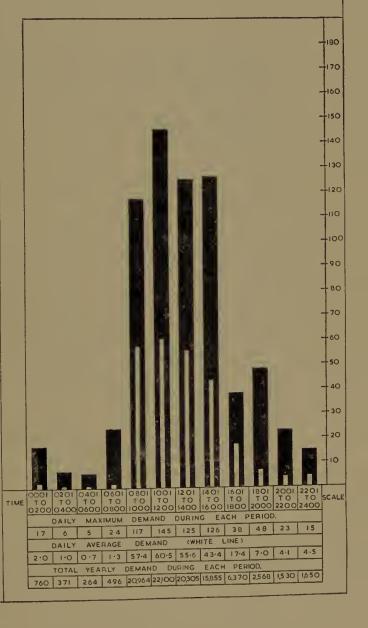


CHART SHOWING THE DAILY
MAXIMUM & DAILY AVERAGE
NUMBER OF PATIENTS REMOVED
THROUGHOUT THE YEAR.







PREVENTION OF ILLNESS, CARE AND AFTER CARE Section 28

Developments under our Section 28 provisions of the National Health Service Act progressed as far as it was practicable during 1957. The routine services in regard to Tuberculosis, Venereal Disease, Health Education and the Provision of Nursing Equipment and Appliances have proceeded and developed within reasonable limits. The scheme for Meals for the Sick and Aged, which commenced in July, 1949, was expanded in 1957, and continues to function most satisfactorily: it is referred to later on page 67.

TUBERCULOSIS

Great importance is attached to the regular domiciliary visiting of tuberculous patients and the closest links are maintained between Health Department staff and that of the Chest Clinic to ensure necessary attention, help and advice being given to patients and also to reduce the incidence and mortality from the disease as far as is possible.

There were five full-time tuberculosis visitors available on the staff during the year, and they continue to do excellent advisory and environmental work on the district and also undertake regular liaison work at the Chest Clinic.

During the year under review the visitors made 384 visits to new cases and the total number of visits to all tuberculous cases was 6,511 compared with 7,725 in 1956. The visitors were also responsible for 133 reports on housing circumstances in special cases.

In 1957 there was no call for a shelter to be issued by the department to tuberculous patients, and at the end of the year four were in continuing use by patients within the city.

Sputum flasks and disinfectants, etc., were supplied to appropriate cases as also were beds (in some cases on loan), bedding and clothing etc., to the following extent:—

			1	Number	of Ar	ticles i	nvolvec	1		
Number of cases involved	Blanke;s	Pillows	Pillow Cases	Quilts	Beds	Mattresses	Sheet	Pyjamas	Bed Jackets	Dressing Gowns
15		34	_	_	17	18		-	-	_

The provision of free milk to tuberculous patients has continued during the year as shown in the following table:—

No. of persons receiving milk at 1st January,	
1957	3'23
No. of additional persons allowed milk during	
1957	163
Total number who received milk during 1957	486
No. of persons receiving milk at 31st	
December, 1957	3:28
Cost during year ended 31st December, 1957, £4	,720 13s. 2d.

Every application for free milk is subject to enquiry by the tuberculosis visitors, and their reports are carefully scrutinised before milk is authorised. All applications are reconsidered quarterly.

In several cases second-hand furniture which has been given to the department for needy cases was appropriately distributed to patients.

Some of the cases applying for assistance were tuberculous patients in receipt of allowances from the National Assistance Board, and the Board accepted responsibility for the provision of bedding.

There continues to be a steady demand by patients recovering in sanatoria for appropriate municipal flats to which they may eventually be discharged. The Health Committee has assisted in such cases by providing beds and bedding, and the National Assistance Board has agreed to consider applications for assistance in purchasing other household equipment before the patient is discharged: provided the equipment cannot be obtained from the Housing Committee or from voluntary sources.

Tuberculosis.

Coventry patients continue to be sent by the Regional Hospital Board to hospitals and sanatoria in the region other than Hertford Hill, and there is little or no waiting list.

Arrangements also continue whereby the Health Department sends a few patients suffering from chronic tuberculosis to a private convalescent home on the Northumbrian coast specifically administered for this purpose: these upon the recommendation of the local Chest Physician. Convalescents usually stay at the home a few weeks, and this is of considerable rehabilitative value and is much appreciated by them.

The provision of free milk to domiciliary patients under Section 28 of the National Health Service Act is, perforce, upon a sizeable scale, there being some 330 persons receiving this daily.

Occupational Therapy.

Occupational therapy, as the term itself implies, is a means of treatment by occupation. In this service for domiciliary patients, both hands and minds are occupied and this forms a most helpful ancillary to the more specific treatment of the disease itself.

Patients may enjoy the facilities of this scheme in the comfort of their own homes, with the added knowledge that this arrangement of "sheltered employment" enables them to pay for materials after they have made and sold their produce, which is of great benefit to their own self-esteem.

A wide choice of crafts is available, basketry, knitting and rug-making proving the most popular, and patients are always encouraged to make useful articles for their homes. Recent additions to the list of crafts are: upholstery, foil pictures, millinery, fabric printing and papier maché. Additional fortnightly demonstrations on various crafts are available for the benefit of patients who are able to attend. Most patients receive a visit every month: those in bed, every three weeks unless otherwise requested. Bed patients especially welcome occupational therapy with great enthusiasm, and some rely on the sale of their work for pocket money: many who are able, come to the office for materials and advice.

The stock room of the department is a potent attraction to the patients, who may choose their materials and thereby gain greater satisfaction from their work. Stock includes a very wide choice of materials for every type of craft. Tools and machines, which may be borrowed, include a fret machine, several weaving looms, sewing machine, knitting machine and miscellaneous small tools. These are collected when a patient returns to work. Materials are sold at cost, and the department is self-supporting.

Work produced is of an exceptionally high standard and is quite easily disposed of in most cases.

No. of patients brought into scheme in 1957	1 3/5
No. of patients remaining from previous year	50
No. of patients left scheme in 1957: Died Returned to	6
work Returned to	66
hospital	7 = 79 —
No. of patients in scheme at 1.1.58	106
No. of visits to patients' homes	553
No. of patients visiting office (for materials, etc.)	1,350

Venereal Diseases.

Our Health Visitors co-operate with the staff at the hospital treatment centre, and during 1957 were responsible for 70 visits to domiciliary defaulters from clinic treatment.

Cancer.

The health visitors also made 50 follow-up visits to cancer sufferers during 1957. These were at request by arrangement with the medical staff at the Coventry and Warwickshire Hospital.

Smoking and Lung Cancer.

Ministry of Health Circular 1/58 requests information as to local publicity in this connection:—

For several years the Health Department has by choice conducted limited propaganda with the use of posters and pamphlets placed in suitable and accessible buildings, e.g., clinics.

Concerning Circular 7/57 however, a lengthy report was submitted to the Health Committee on 16th September, 1957, giving appropriate statistical evidence and informed opinion upon this subject. Several suggestions were made as to how best this matter could be brought to general attention and after due consideration it was agreed the most effective means of achieving this end was as follows:—

- (a) A continuation of the present modified approach in Coventry through the Press and by the use of pamphlets and posters.
- (b) An appeal to school children in the formative years.

With this latter object particularly in mind, consultations were held with the Director of Education and subsequently head teachers were circularised with information and a request to impress the facts upon appropriate groups of children. It is also envisaged that selected speakers will give talks to the children upon this subject from time to time.

Meals for the Sick and Aged.

The Mobile Meals Service provided under Section 28 of the National Health Service Act has been functioning for approximately 8½ years, and experience has shown that it continues adequately to justify itself as part of the social service and to prove its worth for the benefit of those who are sick and otherwise physically unable to prepare their own meals and who have no relatives or friends to do it for them. Local medical practitioners make full use of the service for appropriate patients.

The service was designed to cater initially for a maximum of 100 persons, and from approximately 40 meals per day in the early stages of the scheme the number has increased, there being an average of 103 meals per day for the year ended 3.1st December, 1957. Since the inception of the service a gross total of 205,875 meals have been provided. The service was extended during 1957 and it is now possible to deal with a maximum of 150 meals per day.

Meals obtained from the Catering Department continue to be provided on five days each week (Monday to Friday) from the three specially adapted delivery vans which are manned by part-time personnel.

The service commenced with certain original and novel features which, together with other modifications, have now tended to become somewhat standardised throughout the country and make for easy handling of meals, which are carried in special (individual portion) insulated food carriers, each carrier holding five meals.

The following figures will give some indication of how the service functioned during the year ended 31st December, 1957.

Total number of meals supplied 26,157 Average number per day (i.e. five days per week) 103 8d. £2,092 185. Cost of purchasing meals £164 5s. Contributions from recipients 4d. £1,928 13s. 4d. Mileage run by two vans (approximate) 14,333 Total number of persons attended 2139

Provision of Nursing Equipment and Apparatus.

A variety of sick-room appliances are available to the public upon request and the items available are augmented from time to time as necessary: they are loaned out at reasonable charges—or in some cases quite free of charge—depending upon individual circumstances.

Checking of equipment is carried out periodically, and although in past years there have been instances in which items of equipment have been treated carelessly, this type of difficulty has been less frequent during the year under review.

The following is a brief summary of items available from the Gulson Road Clinic:—

Air rings; back rests; bed pulleys; bed cages; bed pans; bed tables; bronchitis kettles; douche cans; dunlopillo mattresses; commodes; crutches; feeding cups; hospital beds; invalid chairs (indoor and outdoor); rubber sheets; spinal carriages; urine bottles; walking machines; walking sticks; water bottles.

HEALTH EDUCATION

I have stressed and restressed in successive Annual Health Reports over the past decade the progressing importance of Health Education which affects almost every facet of Public Health work: and indeed has kindred application in a variety of welfare problems also.

It is necessary that the potentialities of this subject should come fully to be appreciated in this day and age if the greatest benefits are to be derived by the public from past achievements and future developments. I would invite attention to related comments I have also made in my introductory letter herein.

Most professional and technical staff of a modern health department practice health education in some degree or other but their activities in this direction are necessarily limited because of their other routine and onerous duties.

It is quite necessary because of its wide implications and because it must have a persistent and beneficial impact upon public opinion that Health Education should have adequate financial outlay both for essential equipment and specific personnel.

The health services of today are perhaps taken for granted by the general public and because of this there is a degree of complacency concerning the great achievements of the past: particularly in relation to sanitary and environmental health. This latter needed prolonged and concentrated attention before it reached the advanced state which we now witness in this country at the present time.

It is vital however, that a health education programme should be applied continuously for further advancement in the entire field of preventive medicine whether that be of an environmental or personal health nature.

For a city of this size the appointment of a person trained in Health Education methods and procedures and to act as a coordinating link in programming the work of all sections of the department is to be desired.

An annual grant is made to the Central Council for Health Education which provides a useful variety of propaganda material.

Lectures and informal talks suitably illustrated, as need be, have been given to various organisations and groups within the city during the year by different members of the departmental staff.

Convalescence.

The City Council has accepted financial responsibility for hospital patients needing essential recuperative convalescence following their treatment. Such cases are recommended by the consultant staff and passed to the hospital almoners for allocation to acceptable convalescent homes.

All applications are, of course, scrutinised by the Medical Officer of Health prior to recommendation to the Health Committee.

Of the applications submitted 115 were approved and accepted as a charge on the Health Committee. The 115 cases were accepted for periods of 2, 3 or 4 weeks' convalescence in various seaside homes, and of these 8 were granted an extension of the original period based on further medical representations.

The cost of the maintenance of these patients to the department during the current year was £1,293,78. 3d.

In addition, in 1957 travelling facilities were provided by way of rail or bus fares at a cost of £423 10s. 3d.; 124 patients with 54 escorts were paid for; the Education Committee refunded the

Health Committee to the extent of £171 14s. 5d. for the journeys of 35 school children with 46 escorts.

In accordance with the authority contained in Ministry of Health Circular 85, travelling facilities were made available to relatives for the purpose of visiting patients in hospitals outside Coventry. 549 travel warrants were so issued to the relatives of 46 patients throughout the year; the cost amounted to £314 10s. 7d.

A comparison of the extent and the cost of these services in the last two years they have operated is as follows:—

	1957.	1956.
Applications for convalescence received	115	109
Applications for convalescence approved	115	109
Applications for extension	8	IO
Cost of maintenance in convalescent homes	£1,293, 78. 3d.	£1,131 is. 7d.
Travel facilities provided —No. of patients	124	108
Cost of such	£4231 10s. 3d.	£387 16s. od.
Visiting facilities for relatives:—		
No. of patients visited	46	46
No. of travel vouchers		
granted	549	5,19
Cost	£314 10s. 7d.	£326 4s. 8d.

HOME HELPS SERVICE

Section 29

The staff engaged in this section of the department at 31st December, 1957, was as follows:—

- 1 Organiser
- 4 Assistants to the Organiser
- 3 Clerks
- 245 Home Helps

A summary of the work done during the year shows:-

The total number of cas	es attend	led		1,235
Maternity cases			 	0.,
Illness and chronic sic			 • • •	
Infirm and aged	• • • • • • • • • • • • • • • • • • • •		 	530
Tuberculosis		• • •	 	5
Other cases	• • • • • • • • • • • • • • • • • • • •		 	

The year's records show:--

1956 applicants still on books		 448
Applications in 1957		 1,055
Advance applications for 1958		 56
Cases actually assisted		 1,235
Applications not pursued		 210
Applications not eligible		 8
Applications still on books at 31.12.57		 501
Total number of visits to homes by home	helps	 39,963

The figures for 1957 record a steady increase in the demand for home helps and although by comparison with 1956 there was a fall in the number of infirm and aged cases requiring help, there was a sharp increase in the number of maternity cases helped and a still larger increase in the number of illness and chronic sick cases assisted.

On 1st October the City Council after careful consideration of the Health Committee's request granted a supplementary estimate of £6,200 to help meet the increased and increasing commitments of the Home Help Service. As an immediate result of this, arrangements were made for a new series of preliminary training courses for prospective home helps and by the year's end 125 out of the original 138 applicants had been successful and received appointments to the staff. Unfortunately towards the close of the year illness was very prevalent amongst the staff and at times the Organiser, three of her assistants and a number of helps were absent. This notwithstanding, a determined effort was made and a large number of deferred cases was cleared.

Close liaison continues between this service and our home nursing, health visiting and welfare services. On occasions the Public Health Inspectorate have helped to resolve certain problems in connection with unhygienic homes.

In a year notable for a heavy outbreak of influenza the Home Help Service has responded well to the many calls made upon it. Moreover during the long illness of the Organiser, her deputy is to be heartily congratulated for the admirable way in which she has managed.

MENTAL HEALTH

Section 51

Administration—Committee.

The Health Committee is responsible for all mental health work carried out by the local authority. By virtue of its approved scheme under Section 51 of the National Health Service Act, 1946, the duties of the authority in connection with the Lunacy Acts, the Mental Deficiency Acts, and the Mental Treatment Act, were consolidated into a single service in the Mental Health Section of the Health Department. Monthly reports on the work of the Section are submitted to the Health Committee.

Number and Qualifications of Staff.

The staff of the Health Department engaged on mental health work is: the Medical Officer of Health; the Deputy Medical Officer of Health as Medical Director; a Senior Authorised Officer and Petitioning Officer; three duly authorised officers (1 male and 2 female).

The two Occupation Centres have accommodation and are staffed as shown:—

	$No\cdot$		Staff		
	Accomo- dated.	Superintendent.	Deputy.	Assistants.	Trainee.
Burns Road	75	1	I	3	I
St. Peter's, Yardley Stre (opened 25.3.		I		2	_

Co-ordination with Regional Hospital Boards and Hospital Management Committees.

Relations between the department, the Birmingham Regional Hospital Board, and the medical staff and psychiatric social workers at the Central Mental Hospital, Hatton, continue to be satisfactory. The provision of vacancies in institutional care, either for temporary or permanent cases, has become increasingly difficult during the year and it has to be recorded that despite the Board's expressions of their sympathetic desire to help we have five urgent cases for whom admission to institutional care has been held up for two years. In all five cases the families are under a heavy strain and it has not been possible for us to help them.

Supervision of Patients on Trial from Mental Hospitals.

Patients on leave of absence in the community from the Central Mental Hospital, Hatton, are kept under supervision by the psychiatric social workers from the hospital, between whom and my staff there is mutual helpfulness.

On Licence from Mental Deficiency Institutions.

At the 31st December, 1957, 9 patients, 3 males and 6 females, were on licence and were supervised by the authorised officers from this department on behalf of the parent mental deficiency institution. In two cases (1 male and 1 female) the licences had to be revoked on account of the unseemly behaviour of the patients. For a large proportion of these cases work was required and found and the majority have progressed satisfactorily in their jobs. During the year as a result of a successful period on licence from institutions in the community, 14 patients were discharged from the Orders under the Mental Deficiency Act.

It is also the case that apart from the supervision of licensed cases in the community, a liaison is maintained with the Medical Superintendents of parent mental deficiency institutions which permits the friendly supervision of patients on long leave of absence from those hospitals.

Duties Delegated to Voluntary Associations.

The local health authority fulfils all duties imposed upon it by Section 51 of the National Health Service Act, 1946; there is no delegation.

Training of Staff.

All the Duly Authorised Officers have taken the special course organised by the National Association for Mental Health, and each of them has had practical experience of their work for the past ten years.

Of the staffs of the Occupation Centres, one Superintendent and one Assistant are qualified and one Assistant is at present away taking the course for qualification under the N.A.M.H. scheme for Occupation Centre staffs.

Work in the Community.

(a) Under Section 28 of the National Health Service Act.

During the year out-patient electrical convulsive therapy has continued to be available at Gulson Road Clinic. This is given each Saturday morning by the medical staff of the Central Mental Hospital at Warwick, assisted by members of the Home Nursing Service. 507 persons (103 males and 404 females) had this form of treatment during 1957.

There were 2 mentally defective patients admitted to temporary care in accordance with the provisions of Ministry of Health Circular 5/52 during 1957.

(b) Under the Lunacy and Mental Treatment Acts.

During the year 1957 the Authorised Officers were responsible for 1,045 visits to patients under the Lunacy and Mental Treatment Acts, and in the same period 700 mental treatment patients and 148 persons of unsound mind from the area of this local health authority were admitted to mental hospitals for treatment.

The figures for mental treatment cases again show an increase of 40 over last year (700 as against 660) and this despite the fact that the Leigh House branch of the Warwick Central Hospital ceased to be designated as a mental hospital for the purposes of the Lunacy and Mental Treatment Acts as from 1st July, 1957. Since that date no details in regard to admissions to Leigh House were available to us.

- (c) Under the Mental Deficiency Acts, 1913-1938.
- (i) Ascertainment and Supervision. During the year 1957, 41 cases were referred from all sources (including those under the provisions of the Education Act, 1944, Section 57(3) and (5), and by the police and courts), of which number 30 now receive supervision by the Authorised Officer. Most ascertainment examinations are carried out by the Deputy Medical Officer of Health.

The domiciliary visiting work in respect of 331 patients under the statutory supervision of the Local Health Authority has been continued. In the main, the close relationship between the patient, the parent and the officer has been maintained and as a result a number of patients after training in the Occupation Centres have been found sheltered employment in occupations within their mental capacity. This assistance has also been offered to patients coming out of institutions on licence to their parents and in several cases the former patients have successfully held down their jobs.

- (ii) Guardianship. At the 31st December 1957, there were 7 patients under guardianship, to the guardians of 4 of whom weekly financial grants, varying from 15s. od. to 30s. od., were paid towards the cost of their maintenance at home.
 - (iii) Institutional Cases.

The assistance made available by the Health Committee whereby four parents of restricted financial means were enabled to visit their defective children in hospitals has given considerable satisfaction. The value to the patients of these visits has been emphasised many times by the hospital medical superintendents.

During the year 1957 the work done under the three relevant Acts was as follows:—

Lunacy Acts, 1890-1891.

Commenter matients	Central Mental Hospital, Warwick						
Coventry patients	Sec. 16	Sec. 11	Sec. 20	Total			
Number of patients remaining in hospital on 31.12.56.	413	_	2	415			
Number of admissions from 1st Jan. to 31st Dec., 1957.	64	_	84	149			
Number of discharges, including deaths from 1st Jan, 1957 to 31st Dec., 1957.	100	_	84	184			
Number of persons of unsound mind remaining in Central Hospital on 31.12 57.	377		2	379			

I am indebted to the Senior Psychiatric Social Worker attached to this hospital for the following record of work amongst Coventry patients:—

- r. (a) Total number of cases dealt with in period ... 589
 - (b) How many of these had been seen previously 151
 - (c) Total number of all visits (home or authority) 499
 - (d) Total number of interviews in O.P. clinics ... 299
- 2. Cases which involved four visits and more ... 34

Mental Treatment, 1930.

1.	No. of patients in Central Hospital,		
	Warwick, under this Act on 1st	Voluntary	24 I
	January, 1957	Temporary	0
2.	No. of patients admitted during	Voluntary	698
	1957	Temporary	2
3.	No. of patients discharged, trans-	Voluntary	615
	ferred or died	Temporary	I
4.	No. of patients remaining in	Voluntary	324
,	hospital at 31st December, 1957	Temporary	I

The proportion of voluntary to total Coventry patients admitted to the Central Hospital continues to be over 80 per cent. From the patients' point of view there can be no doubt as to the much more beneficial results achieved with willing patients seeking to be cured.

The close liaison continues between the department and the respective staffs in the departments of the Magistrates' Clerk and the Probation Officer.

Mental Deficiency Acts, 1913-1938.

Table showing Classification of all Mental Defectives on Register at 1st January, 1958, and how dealt with.

	In Institutions.			Under Guardianship.		Under supervision in own homes.		Grand Totals.				
	 М.	F.	Total	М.	F.	Total	М.	F.	Total	М.	F.	Total
Feeble-minded	 77	86	163	2	1	3	53	88	141	132	175	307
Imbeciles	 47	52	99	1	2	3	71	103	174	113	157	276
Idiots	 16	17	33	1	-	1	12	4	16	29	21	50
Moral Imbeciles	 1	1	2	_			Ares	_	<u> </u> -	1	1	2
TOTALS	 141	156	297	4	3	7	136	195	331	281	354	6 3 5

Totals include 7 males and 9 females on licence from Institutions.

In addition to the above, two patients were admitted to hospital for temporary treatment and care under the provisions of Circular 5/52 whereby patients or guardians having the domiciliary care of their mentally defective children can be afforded temporary relief from such harassing responsibility at times of family illness or other crises.

The number of registered mental defectives in the city (635) represents 2.3 per 1,000 of the population.

During the year 7 patients were admitted to a hospital for mental defectives and 2,004 domiciliary visits have been made by the Authorised Officers.

As suggested in Circular 28/54 of the Ministry of Health, certain outstanding incidents during the year are set out hereunder:—

During the year 2 male mental defectives appeared before the court and were sent to hospitals under Section 8 of the Mental Deficiency Acts: (a) 1 of these cases was charged with indecent assault, and (b) 1 with breaking and entering and larceny.

- (a) 19 years old youth before the Court for indecent assault. (Two previous convictions in 1953 for similar offences). Normally a pleasant, well-behaved, willing youth, who, six months prior to his conviction in 1957 had been in 3 years' continuous employment as a groundsman. The home environment was not particularly good. Parents were living in lodgings and appeared to have little understanding of his needs. He was remanded to Winson Green Prison, Birmingham, for a medical report. The Prison Medical Officer considered this youth to be a mental defective within the meaning of the Mental Deficiency Acts, 1913-38. He appeared for sentence before Coventry Quarter Sessions, when an Order was made committing him to care at Monyhull Hall Hospital.
- (b) Case of breaking and entering. Man of 24. No previous convictions but had previously been on register of mental defectives. No home address. Both parents deceased. Committed to care by Order of Court and sent to Burton Road Hospital, Dudley.
- (c) One male patient came before the Court whilst on licence from Monyhull Hall Hospital. He appeared on 5th June, 1957, charged with larceny (his fifth appearance in Court since 1955). The Medical Superintendent at Monyhull felt he could not do any more for this patient and declined to have him back. He was accordingly sentenced to 3 months' imprisonment and whilst serving his sentence he received his discharge from the Order under the Mental Deficiency Acts.
- (d) In October the City Council with the Board of Control, and the Medical Superintendent of St. Margaret's Hospital were the appellants in the case of Alma Farrow which was heard by the Court of Appeal. After a four days hearing the Court found for the Council and dismissed the claim for damages against them. The fact that the Council before the hearing expressed their acceptance of any liability for damages that might ensue as a result of their officers' action in this case (which took place in 1945) was very much appreciated by the staff of Duly Authorised Officers.

Of the 28 cases (16 males, 12 females) reported by the Local Education Authority during 1957 under Section 57(5) after leaving

school, there were only 4 (2 males, 2 females) in which the parents were willing for any further action to be taken in regard to ascertainment. All the cases in question have obtained employment and a discreet but unofficial eye is being kept on their progress.

During the year the Health Committee by resolution authorised the removal from the Register of Mental Defectives of the names of 7 cases (3 males and 4 females) on the grounds that after some years of home supervision these were no longer in need of control.

OCCUPATION CENTRES

There were 78 pupils at the Burns Road Occupation Centre during 1957—45 females and 33 males. The training schedule included social and sense training, special education, eurhythmics, physical training and various handicrafts including woodwork and and pottery. During the year a fish pond was constructed by the pupils. Many items were made and exhibited at the open day, which was attended by the Lord Mayor.

Unfortunately owing to the poliomyelitis epidemic the group visits to the swimming baths were curtailed.

The social club activities on Tuesday evenings at the Centre continued under the supervision of Mr. Norris, and there was an average attendance of about 10 adults, who enjoyed table tennis, cricket, woodwork, painting and pottery.

On 25th March a temporary occupation centre for 24 children was opened in St. Peter's Hall, Yardley Street, in an attempt to cope with the developing waiting list of young mental defectives. The Centre occupied two rooms of the old school premises and had available kitchen, toilet and cloakroom facilities. The school meals service provided the midday meal, and the centre was staffed by a supervisor and two assistant supervisors. One of the latter, previously a trainee at the Burns Road Centre, was admitted in October to the London course of training for the Diploma of the National Association for Mental Health.

The projected building of an adult occupation centre for 120 pupils at Torrington Avenue remained in abeyance pending approval of the Ministry of Health owing to the financial stringency.

The local parent/teacher association continued to utilise the Burns Road Centre for meetings and social activities, and liaison with the staff of the centres was of mutual benefit.

A high standard of health was maintained at the centres, with the exception of a period in the last quarter of the year which coincided with the city's influenza epidemic, when a number of the pupils contracted the infection and were absent.

NATIONAL ASSISTANCE ACT, 1948

The City Council delegated its duties under this Act as follows:—

(1) To the Health Committee.

The provision of residential accommodation as required for the handicapped and others in need of care and attention not otherwise available to them; the provision of temporary accommodation for persons in urgent need thereof under circumstances which could not reasonably have been foreseen, and in such other circumstances as the Council determine; and other remaining duties imposed by this section of the Act. (Section 21).

The welfare of the blind, deaf, dumb and handicapped (Sections 29 and 30).

The registration and inspection of disabled persons or old persons' homes (Sections 37, 38 and 39).

The compulsory removal to suitable premises if need be of persons' homes (Sections 37, 38 and 39).

Provisions for the temporary protection of property of persons admitted to hospitals (Section 48).

Dealing with applications for the appointment of a Receiver of Income where persons are mentally incapable of managing their affairs and where there are no other suitable persons willing to undertake this duty (Section 49).

The provision of facilities for the burial or cremation of the dead when no suitable arrangements for disposal have been or are being made (Section 50).

(2) To the Pensioners' Committee.

The responsibility for providing and maintaining residential accommodation for the aged. (Section 21).

The Welfare Sub-Department is organised to carry out a variety of duties for the Health Committee (some under the National Health Service Act and others under the National Assistance Act), and all necessary duties for the Pensioners' Committee under Section 21 (1)a of the National Assistance Act. With the general development which continues in the health and social services there is a close relationship between the work of the health visitors, the home helps, the mental health service and the welfare service, and an active liaison assists all sections.

A separate section of my report has, as requested in previous years, been prepared specifically for the Pensioners' Committee dealing with their field of responsibility (i.e., Old Peoples' Homes), and by a slight re-arrangement of the contents this has as usual been achieved without any duplication of effort or of expense.

The Work of the Pensioners' Committee during 1957
Pensioners' Officer: J. H. Ryner, F.C.C.S., F.I.S.W.
Deputy Pensioners' Officer: F. Charlesworth, A.I.S.W.

At the commencement of 1957 there were seven Old People's Homes functioning, viz. Charterhouse, Hawthorn Lodge, Moat House, Newlands House, Stone House, Woodway Grange and Wyken Lodge. Of these, Charterhouse, Moat House and Stone House had all been established before the National Assistance Act, 1948, came into operation on the 5th July, 1948. Newlands House, which was bought from the National Coal Board under a Compulsory Purchase Order in 1949, was the first Home to be acquired under the Act. It was originally intended that men only should be housed at this establishment but owing to the number of women urgently requiring accommodation, it was decided to make the Home a mixed one. This Home has eight single bedrooms and it has ground floor accommodation for 19 residents.

Woodway Grange, formerly Walsgrave Annexe, which was returned to the Council by the Birmingham Regional Hospital Board in September, 1951, is now functioning satisfactorily as a Home for elderly women, although when first taken over it was used to house elderly men.

The first purpose-built Home—Hawthorn Lodge—was opened in 1953, and the second—Wyken Lodge, was opened in 1956. The completion of building of these Homes were important steps in the Council's scheme for the provision of residential accommodation for Coventry's elderly folk. Hawthorn Lodge provides accommodation for 40 residents plus staff, and has 11 ground floor beds, and both sexes, including married couples, can be accommodated. Wyken Lodge, by its very nature, is a very valuable addition to the accommodation provided, since it provides 42 beds with 21 of them on the ground floor. Additionally, it has a guest or sick room to accommodate two persons.

The year 1957 has been an eventful one in regard to the provision of further accommodation, since two more purpose built Homes, viz. Remembrance House in the Willenhall Neighbourhood Unit and Aldermoor Lodge in the Stoke Aldermoor Neighbourhood Unit, were completed and opened. Both of these Homes are built substantially to the plan of Wyken Lodge and have functioned satisfactorily since their opening.

In order to obtain reliable data in relation to fuel consumption at establishments of comparable size, the boilers at Wyken Lodge are fired by coal, those at Remembrance House by fuel oil and those at Aldermoor Lodge by coke.

The opening of Remembrance House and Aldermoor Lodge afforded the opportunity of discontinuing the use of Charterhouse which, whilst serving a very useful purpose as a temporary expedient, was never very suitable for permanent use as an Old People's Home.

Due to the opening of the new Homes, it has been possible to provide more ground floor accommodation, and out of a total of 285 beds, there are now 132 on the ground floor.

Since my last report the waiting list for admission to the Homes shews an increase (as indicated hereunder) on the previous year when the figures were 42 men and 62 women respectively.

Waiting list at 31st December, 1956	Men. 42	Women. 62
Less		
Subsequent admission of cases on waiting		
list	37	61
Remaining on waiting list	5	I
Plus		
New applications during the year	67	111
Waiting list at 31.12.1957	72	112

The opening of two new Homes and the closure of Charter-house, gave a net increase in beddage of 54 as shewn hereunder:—

		Beds provided at 31st December,	Beds provided at 31st December,
		1956.	1957.
Remembrance House		Nil	42
Aldermoor Lodge		Nil	42
Charterhouse	• • •	30	Nil
		30	84

Thus, had it not been for this extra beddage, the numbers on the waiting list at the end of the year would have given cause for alarm. In any event, the situation is such as to give cause for serious concern.

The recent Ministry of Health Circular 14/57 on Local Authority Services for the Chronic Sick and Infirm, a circular based upon the result of a national survey to assess the quality of services to old people, recognises inter alia the need for more residential accommodation. It indicates that apart from the active elderly person who is in need of residential care and who is clearly the responsibility of the welfare authority, the latter's responsibility also extends to a range of frail ambulant old persons, some of whom hitherto have been cared for in chronic sick hospitals. There has been for some time in Coventry a gradual increase in the number of these types of cases admitted, including several wheel-chair cases. It is thus quite clear that much more accommodation will be necessary. It is to be hoped, therefore, that the Committee's proposals for extending and improving Newlands House and Stone House and erecting a new Home at Monks Park in the forthcoming financial year, will come to fruition.

One must be mindful too, that in view of the increasing attention required by residents of the Homes and the reduced working week of Ancillary Staffs Council employees from 48 to 46 hours per week in September, 1957, with a further reduction from 46 to 44 hours per week to operate in June, 1958, the staffing position will have to be carefully watched.

To secure the admission of patients to Hospital when they were seriously ill, it was again necessary to take in exchange patients fit for discharge from Hospital but who could not return home and were in need of some measure of care and attention.

The health of the residents at most of the Homes, allowing for their ages, infirmities and handicaps, has been reasonably good. There were 40 deaths (9 in our Homes and 31 in Hospital), the average age of the residents being 78.05 years.

The acute shortage of hospital beds in this area for the chronic sick still persists. Nevertheless, I am pleased to report that we have the greatest measure of co-operation from the Hospital Authorities in relation to the admission of sick residents to Hospital, in most instances, however, on an exchange basis. This shortage of beds has again imposed a heavy burden on the staffs of the Homes in relation to nursing.

The matter of rehabilitation in appropriate cases has been kept well in mind during the year, and one resident (a handicapped man of 53 years) commenced a course at the Rehabilitation Centre, Torrington Avenue. Unfortunately, before completing the course the trainee proved unsuitable.

There has been a little trouble with a few residents manifesting anti-social tendencies and one or two residents, unfortunately, had to be transferred to the Central Hospital.

Efforts have again been made to improve the standard of equipment, particularly at the older Homes. Provision is being made in the Estimates for 1958-9 for the installation of electric potato peelers at those Homes now without them, since the measure of voluntary assistance given by the residents in the various Homes progressively decreases: due to the increasing infirmity of the existing residents and to the admission of the less ambulant and more frail old people.

The Homes continue to be visited regularly by the Fire Prevention Ollicer. The Chief Fire Officer has again commented upon the high standard in which fire fighting appliances are kept. In accordance with the Chief Fire Officer's recommendations, smoke screens have been fitted at Newlands House and Stone House and self-closing devices have been fitted to passage doors at Wyken Lodge, Aldermoor Lodge and Remembrance House.

Our efforts to interest residents in occupational therapy continue and although the number participating does not increase to any appreciable extent, the results are gratifying. In this connection, we are fortunate in our Instructors who are most enthusiastic and who exercise patience and tact to a remarkable degree.

The arrangements made with the Coventry and Warwickshire Hospital Saturday Fund for their Mobile Physiotherapy Unit to visit one of the Homes to give treatment to a resident who was too incapacitated to attend Hospital, proved very satisfactory. It would be of great assistance in the care of residents if some permanent arrangement could be made with the Hospital Saturday Fund whereby treatment by the Mobile Unit could be made available for all cases requiring it, where the persons concerned were, on medical grounds, unable to go to the Hospital by ambulance or other transport.

This year the residents took their annual week's holiday at the Prestatyn Holiday Camp, North Wales. This venue was chosen in deference to the wishes of 81.5% of the residents who previously had experienced holidays at Prestatyn and other holiday centres. From a point of view of old people, Prestatyn Holiday Camp has much to commend it. During the first part of the week the weather was cold but it improved considerably later in the week. Thus the value of central heating in the chalets was emphasised more than ever. The annual coach outing was to Stratford and the Shake-speare country. The residents appeared to appreciate the shorter travelling involved.

Adequate entertainment has been provided at each of the Homes by way of concerts, film shows, etc. Apart from these forms of entertainment, the residents have participated in many other social activities away from the Homes. Most of the Homes ran a series of successful whist drives, the proceeds of which were devoted to the comfort of the residents and to giving each a gift on Christmas Day.

A large number of gifts and some generous donations were received, for which our grateful thanks are due to the thoughtful donors.

The spiritual side has been adequately catered for in each Home. Religious services have been held and Holy Communion and Mass celebrated. The Ministers of some of the Churches continue to provide transport to enable a number of frail ambulant residents to attend Church. There have been several new appointments of Honorary Chaplains, consequent upon Ministers leaving the city.

The provision of a ladies' hairdressing service for the women residents of the Homes continues to be much appreciated by them.

Steps have been taken to ensure that all residents in the various Homes who on account of blindness or other incapacity would not be able to attend or who would find difficulty in attending polling stations at elections, are treated as absent voters and new admissions are being dealt with similarly.

Our practice of admitting suitable elderly persons (many of them already on the waiting list for admission) to the Homes for short periods, as a means of giving the relatives with whom they normally reside a rest or holiday break, and the old people themselves a change of environment and routine, is one which the Ministry of Health has advocated in the circular "Local Authority Services for the Chronic Siek and Infirm". This year 27 such elderly persons were accommodated. This has been achieved by using vacancies for holiday cases before filling them with permanent residents, using the beds of residents who have gone on holiday and, as a temporary measure only, by erecting extra beds. This service has proved extremely worthwhile and has been much appreciated, not only by relatives concerned, but by the old people themselves, and in some instances has prevented a complete breakdown of the arrangements for looking after the old people at home, which could well result in their needing long term care.

The staffing position at the Homes has been reasonably good throughout 1957, although the post of Resident Assistant Matron at Stone House has remained unfilled. Her duties, however, have been "covered" by a non-resident assistant.

Again I would like to express my appreciation of the work carried out by the staffs of the various Homes, which in no small measure contributed to their smooth running.

HOMES FOR OLD PEOPLE

(National Assistance Act, Sec. 21(1)(a)).

The eight Homes for Old People are as follows:-

Name and Address.	Type of	No. of Rand Cla	Total Beds occupied at 31st	
Name and Address.	Resident.	(a) Aged	(b) Handi- capped	December, 1957.
Aldermoor Lodge Acorn Street, Coventry	Mixed	Men 21 Women 18	Men NIL Women 1	40
Hawthorn Lodge, Jardine Crescent,	Mixed	39	1	
Coventry.		Men 19 Women 18	Men NIL Women 2	
		37 —		39
Moat House, Wilson's Lane, Exhall.	Men	30	10	40
Newlands House, Bennett's Road,	Mixed	Men 13 Women 9	Men 3 Women 1	
Keresley.		2 2	4	26
Remembrance House Remembrance Road,	Mixed	Men 25 Women 12	Men 2 Women 3	
Coventry		37	5	42
Stone House, 65, Birmingham Road, Coventry.	Women	23	2	25
Woodway Grange, Deedmore Road, Walsgrave, Coventry.	Women	21	3	24
Wyken Lodge, Ellacombe Road,	Mixed	Men 21 Women 16	Men 2 Women 2	
Henley Green.		37	4	41

Note It is intended to make special provision for the handicapped persons shewn herein, as soon as the opportunity arises.

The age distribution of residents of the Homes at the 31st December, 1957, is as shown hereunder:—

Ag	e.	Males.	Females.	Totals.
Under 60 years		 7	7	14
60 to 64 years	inclusive	 3	7	10
65 to 69	, ,	 10	6	16
70 to 74	, ,	 23	23	46
75 to 79	"	 44	215	69
80 to 84	, ,	 40	42	82
85 to 89	1.1	 17	1.2	34
90 and over	• • •	 2	4	6
		146	131	277

The age averages in the various Homes are as follows:-

Aldermoor Lodge	79.5	years
Hawthorn Lodge	79.3	17
Moat House	77.8	, 1
Newlands House	77.8	11
Remembrance House	77.8	7.9
Stone House	79-3	1.1
Woodway Grange	75.5	1.1
Wyken Lodge	76.2	1.7

Average age of men — 77.2 years Average age of women — 76.9 ,, Average age of all residents — 77.0 ,

Admissions, Discharges, etc., during Year ended 31st December, 1957.

						Adı	nissions.
						Men.	Women.
From own hor From Hospita		•		•••		310	62
(a) Resider		admitt	ed		18		1/3,
(b) New c	ases				18	316	14 27
Holiday cases			••			9	18
						7'5	10,7
Disc	charge	s, etc.				Men.	Women.
To own home	s					2	13
To hospital						42	42
Holiday cases						7	19
Died	• • •					6	4
						57	78
							-

At the 31st December, 1957, certain residents for whom the Pensioners' Committee have financial responsibilities were maintained in the following areas:—

By Local Authorities.	Men. W	omen.	Total.
Birmingham County Borough Council Oldham County Borough Council		I	I
Sunderland County Borough Council	I		I
Warwickshire County Council	1	1	2
Wiltshire County Council	I		I
Worcester County Council	_	1	I
Wolverhampton County Borough Council	f		I
			—
	4	3	7
By Voluntary Bodies.			
Wicksted Hall Eventide Home, Whitchurd	h (Sal	vation	1
Wicksted Hall Eventide Home, Whitchurd Army)	h (Sal	vation 	
A company of the comp	•••		
Army) Leamington Spa Old People's Welfare Society	•••		ı

Lancashire County Council
Leicestershire County Council
Warwickshire County Council

woman (Aldermoor Lodge)woman (Hawthorn Lodge)

man (Moat House and woman (Aldermoor Lodge)

RETURN OF PERSONS RESIDENT ON THE NIGHT OF 31st DECEMBER, 1957, IN ACCOMMODATION PROVIDED UNDER PART III OF THE NATIONAL ASSISTANCE ACT, 1948. SECTION 21 (1) (a)

RESIDENTIAL ACCOMMODATION

No. of persons (not included in cols. 1 to 4)	accommodated by other local	whose maintenance the Council are responsible (7)	<u></u>	67								m
No.	ant	who Co	N	<u>ت</u>								9
No. of persons	cols. 1 to 4 for whose	other local authorities are responsible (6)	Fi	23								2
No. of	cols.	other auth	M		က							4
1N:		Total (cols.1-4) (5)	Eq	99	50	11		က	L-	63	တ	143
RESIDING		T (col	M	80	, 4 3	11	72	6	12	4	က	164
RESI	Accommoda-	nulf of nuncil nutary sations	Fq			41	-	က	7			11
STAFF)	Accommoda tion provided	on behalf of the Council by voluntary organisations (4)	M	61		41		6	41			19
OF ST	Other	managed by the Council (3)	ſΞų	99	49	<u>-</u>			τĊ	23	က	132
	Ot.	minaged the Council	M	78	43	L	73		∞	4	က	145
(EXCLUSIVE		Vested in the Minister as hospitals (2)	Fi									
IS (E)	Former Workhouses	Vested in the Minister as hospitals (2)	M									
PERSONS	For Work]	d by ouncil	Œ۱									
PI		Owned by the Council	M									
	Description of persons		1. Aged but not materi-	infirmity	2. Aged and physically or mentally handicapped	3. Blind	4. Deaf or dumb	5. Epileptic	6. Crippled	7. Physically infirm (not being aged)	8. Mentally infirm (not being aged)	9. TOTAL of ITEMS 1 to 8

OTHER WELFARE PROVISIONS

(Health Committee) (Section 21(1)(b))

Until this year temporary accommodation has been provided by the Health Committee by way of a converted industrial hostel block, viz. Block Z.3 of the former Baginton Fields Hostel, and two converted wards at the former London Road Institution. This accommodation comprised:—

Baginton Fields Hostel — 2 three-bedroom units 4 two-bedroom units 1 one-bedroom unit London Road Establishment — 4 two-bedroom flatlets 2 one-bedroom flatlets

In my last report I commented upon the Council's decision to acquiesce in the Health Committee's proposal to discontinue the use of Block Z.3 for temporary accommodation purposes by the 311st March, 1957. This involved the co-operation of the Housing Committee insomuch as it was necessary to re-house in municipal houses the families accommodated in Block Z.3. This co-operation was willingly given and although it was not possible to re-house all the families by the 31st March, the last family was transferred to a municipal house on the 7th April, 1957. Since the last mentioned date there has only been the London Road flats available for temporary accommodation. The new system of dealing with problem families by intensive detailed case work by staff of the Children's Department, has resulted in less evictions thus easing the pressure upon available accommodation, and the present situation is more satisfactory now than at any time during which temporary accommodation has been provided. The number of cases housed on the 31st December, 1957, are set out hereunder.

Establishment	Cases in which Council had a statutory duty to provide tem- porary accom- modation	Cases in which Council had a permissive power to provide temporary accommodation	Total
	W. Ch. Fams.	W. Ch. Fams.	W. Ch. Fams.
Flats, 11 London Road	1 2 1	4 8 4	5 1 0 5

The following summary will help to show the extent of the problem of dealing with temporary accommodation cases:—

Summary of cases dealt with since the National Assistance Act, 1948, came into operation on the 5th July, 1948.

Period	Cor sta	unci tuto prov	l ha ry 'ide	hich d a duty tem- com-	Cor	incil pern ver t temj	l ha nissi o pr pora	ovide		To	otal	
	М.	w.	Ch.	Fams.	М.	w.	Ch.	Fams.	Μ.	w.	Ch.	Fams.
5th July, 1948, to 31st Dec., 1948	1	1	1	1	3	10	21	10	4	11	22	11
1st Jan., 1949, to 31st Dec., 1949	9	26	33	26	21	56	87	56	30	82	120	82
1st Jan., 1950, to 31st Dec., 1950	5	17	27	17	1	32	46	32	6	49	73	49
1st Jan., 1951, to 31st Dec., 1951	-	31	56	31		17	32	17		48	88	48
1st Jan., 1952, to 31st Dec., 1952		52	95	52		12	28	12		64	128	64
1st Jan., 1953, to 31st Dec., 1953	-	38	72	38		16	31	16		54	103	54
1st Jan., 1954, to 31st Dec., 1954	-	39	75	39	_	17	37	17	_	56	112	56
1st Jan., 1955, to 31st Dec., 1955	-	34	66	34	_	30	77	30		64	143	64
1st Jan., 1956, to 31st, Dec, 1956	-	28	43	28		2 2	59	22	-	50	102	50
1st Jan., 1957, to 31st Dcc., 1957		11	21	11	_	3	11			14	32	14
Totals	15	277	489	277	25	215	429	215	40	492	918	492

NOTE 1 Of the total number of families accommodated the Housing Committee has rehoused the following:

194918	families	1953-36	families
1950-50		1954—43	families
1951 115		1955—56	families
1952—61		1956-39	families
		1957—17	families

NOTE 2 In 1957, 3 families were able to find accommodation for themselves.

RETURN OF PERSONS RESIDENT ON THE NIGHT OF 31st DECEMBER, 1957, IN ACCOMMODATION PROVIDED UNDER PART III OF THE NATIONAL ASSISTANCE ACT, 1948. SECTION 21 (1) (b)

TEMPORARY ACCOMMODATION

	PERSO	PERSONS (EXCLUSIVE OF STAFF) RESIDING IN:	CLUSI	IVE OF	r STA	AFF) I	RESID	ING	 Z	No. of persons included in	ersons	No. of persons (not included in cols. 1 to 4)	persons luded in to 4)
Description of persons	Former Workhouses	Vorkhous	ses	Other premises		Accommoda- tion provided	noda-			cols. 1 to 4 for whose maintenance	1 to 4 hose	accommodated by other local authorities for	accommodated by other local authorities for
•	Owned by the Council (1)	Vested in the Minister as hospitals (2)		managed by the Council (3)		on behalf of the Council by voluntary organisations (4)	alf of uncil ntary ations	To (cole	Total (cols. 1-4) (5)	other local authorities are responsible (6)	local rities oonsible	whose maint ance the Council ar responsibl	whose mainten- ance the Council are responsible (7)
	M F	×	Ľί	M	[<u>T</u> ,	M	[Ti	M	压	M	Ħ	M	Ţ
1. Persons over 16: Evicted					-		-		-				
2. Persons over 16: Others					41				41				
3. Total of Items 1 and 2					5				5				
4. Children accompanied by persons over 16: Evicted				2	<u> </u>				22				
5. Children accompanied by persons over 16:				ω				3	80				
6. Total of Items 4 and 5				10				10					
GRAND TOTAL				15				15					

REGISTRATION OF DISABLED AND OLD PERSONS' HOMES

(Sections 37 to 40)

There are now on the register five homes—three for the elderly and the other two for disabled (blind) men and women, one new home for the elderly having been registered during 1957. All five premises have been periodically inspected and found satisfactory.

Officially provided Homes for children or for the elderly are exempt from registration.

A summary of the Official Register is shown hereunder.

		register on the December, 1957	
Types of Homes	Number of Homes	Number of residents for whom provision made	Applications for registration refused in 1957
Home for Old Persons	3	41	Nil
Homes for Disabled Persons	2	30	Nil
Homes for Old Persons and Disabled Persons	Nil	Nil	Nil
TOTAL	5	71	Nil

^{*} Exclusive of Staff

REMOVAL TO SUITABLE PREMISES OF PERSONS NEEDING CARE AND ATTENTION

Section 47

During 1957 it was necessary to invoke Section 47 of the National Assistance Act, 1948, as amended by Section 1 of the National Assistance (Amendment) Act, 1951, to secure compulsory removal to suitable premises of an aged man.

A request was received from the man's doctor for Mr. M. to be moved from his residence to a place where adequate care and attention would be available for him. Upon investigation it was found that the man was suffering from a grave chronic disease and not able to devote to himself nor to receive from any other persons proper care and attention. He was incontinent and dirty and practically helpless.

Mr. M. was living at home with his wife, who was 75 years of age and who was also sick and expected to be admitted to hospital for surgical treatment at any time. It appeared that the strain of nursing her husband was too much for Mrs. M., and there seemed to be no-one else who could give the man the care and attention which he required.

Despite repeated attempts by the man's doctor, by relatives and neighbours, by members of my staff and myself to persuade the patient to enter hospital he refused to go, and it became necessary to invoke Section 47 of the National Assistance Acts, 1947/51, for his compulsory removal. Application for an Order for his removal was made to a Justice of the Peace, who visited the patient and signed the Order for his immediate removal to High View Hospital. The patient was admitted on the 9th April, 1957, where, I regret to report, he died on the 18th April, 1957.

There were one or two other cases of persons requiring care and attention who in the first instance refused to avail themselves of such facilities as the department was able to provide or make available, but eventually they were prevailed upon to enter suitable premises, without the necessity of invoking compulsory powers.

WELFARE SERVICES: HANDICAPPED PERSONS (OTHER THAN THE BLIND)

Sections 29 and 30

Further progress has been made during the year in dealing with the Welfare of Handicapped Persons, other than the blind.

On the 31st December, 1957, a total of 245 persons were registered in accordance with Sections 29 and 30 of the National Assistance Act, 1948. During the year there were 33 new registrations and 8 names removed from the register due to 7 deaths and one removal of residence. Thus there was a net increase in registrations over the previous year of 25.

An analysis of the handicapped cases is shown hereunder:

	•	Med	lical R	esearch	Cou	ıncil C	ode.			† Suitability as	to employment Tealth Circular
A/E	F	G	H/L	Q/T	V	U/W	X	Y	Z		1/51.
8	3	6	3	5	34			4		A	63
1	2	2	2		9					В	16
1	1	1			3		1			C	7
12	33	3	5	8	89	2	4	2	1	D	159
22	39	12	10	13	135	2	5	6	1	Total	245

- *A/E Amputation.
- F Arthritis and rheumatism.
- G Congenital malformations and deformities.
- H/L Diseases of the digestive and genito-urinary systems, heart or circulatory system, respiratory system (other than tuberculosis) and skin.
- Q/T Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk. Injuries or disease (other than tuberculosis) of the upper/lower limbs and spine.
- V Organie nervous diseases.
- U/W Neurosis.
- X Tuberculosis (respiratory).
- Y Tuberculosis (non-respiratory).
- Z Diseases and injuries not specified above.
- †A Handicapped persons (other than children) who though possibly needing training are capable of work under ordinary industrial conditions.
 - B Handicapped persons (other than children) who are mobile and capable of work in sheltered workshops.
 - C Handicapped persons (other than children) who are capable of work at home.
 - D Handicapped persons (other than children) not available for work.

Throughout the year approximately 1,500 visits have been made to, or in connection with, handicapped persons and immediate problems have been dealt with wherever possible. The leaving of the Assistant Welfare Officer for the Physically Handicapped in April, 1957, disrupted the routine visiting that had been established at the beginning of the year. The appointment of his successor in July, 1957, however, enabled routine visiting to be resumed on a regular basis.

Assistance to handicapped persons has been afforded in the following:

Employment, training, housing, holidays, residential accommodation and advice on personal problems, etc.

Every care has been taken to ensure that the handicapped are aware of, and avail themselves of the services to which they are entitled, and in this connection there is a growing co-operation between the Department and the Ministry of Health Artificial Limb and Appliance Centre. Representations have been made in specific cases to various statutory authorities and where assistance could not be made available from these sources, voluntary bodies were able, in some instances, to help.

Throughout the year a member of my welfare staff continued in the capacity of Honorary Secretary of the Enterprise Club for Disabled Persons, and it is pleasing to note that since the Department has become more actively concerned with the affairs of the Club, there has been a considerable improvement in the Club's affairs and activities, as well as in its financial position. Steps are being taken to secure suitable premises for the provision of a permanent club and possibly an occupation centre for the disabled in the City.

Cerebral Palsy.

Once again I am indebted to the Coventry and District Spastic Society, who have assisted my staff in ascertaining as far as possible the number of cerebral palsy sufferers resident in the City.

An analysis of the position as at 31st December, 1957, is shown on opposite page.

sls‡0T	ω	တ	18	32	20	15	73	က	ı	106
loodo2 laidential School		:	:	63	:	:	:	:	:	2
gninistT	:	:	:	:	Т	:	:	:	:	-
Insignoli		:	:	П	:	•	prof	H	:	က
Oare of Local Authority	:	1	:	÷	:	:	:	:	:	П
amoli 1A	1	:	:	:	ζ.	C3	-	:	:	6
s'tergaret's	:	1	:	Н	က	П	:	:	:	9
Tol esamok shnoq Spastics Young Spastics	;	:	:	67	:	63	:		:	5
Sheltered Employment	:	:	:	;	:	П	:	:	:	1
Open Employment	:	:	:	:	t-	7	:		:	15
entaeO lanoitaquesO	:	:	H	ಸ್ತ	Н	:	:	:	:	7
Dom. Sup. by Mental Health Section	:	:	- 	က	က	67	:		:	6
loodoć IsmroN	:	:	:	41	:	:	:	:	:	4
ableid notnigad loodol laioedd	Ŀ	9	16	14	:	:	:	:	:	43
guord aga	0.5	5-7	7-11	11-16	16-21	21-31	31-41	41-51	51+	Total

Six new cases were diagnosed during the year and I am pleased to observe that all six are being catered for at the Baginton Fields' Special School Nursery.

Epilepsy.

Once again with the co-operation of the Ministry of Labour, it has been possible to prepare the analysis shown hereunder of the known cases of epilepsy in the City registered with the Ministry as at 31st December, 1957. Also shown are the epileptics registered for domiciliary supervision by the Mental Health Section and those in Mental Defective Institutions.

During the year, the Department was requested to withdraw two epileptics from Epileptic Colonies. Fortunately, it was possible to arrange for the admission of one of these persons to another colony. The other patient returned home, the Department not having been able to make suitable alternative arrangements for his accommodation.

How Accommodated	Male	Female	Totals
In Epileptic Colonies	8	4	12
At own homes and registered with the Ministry of Labour for employment	56	22	78
At own homes and not avail- able for employment	4	5	9
In Hospitals	3	_	3
In Residential Accommodation	1		1
MENTAL HEALTH SECTION			
At own homes and under supervision by Mental Health Section	. 13	13	26
In Mental Defective Colonies	15	24	39
Totals	100	68	168

The Deaf and Partially Deaf.

The welfare of the deaf and the partially deaf is undertaken in collaboration with the Warwickshire County Council, through agency agreement with the Coventry and Warwickshire Association for the Deaf. The Health Committee is represented on the Joint Controlling Committee by three of its members and the Medical Officer of Health.

The Chaplain and Welfare Officer's report for the year 1957 is given hereunder, and I am grateful to him for his kind assistance.

"On the 31st December, 1957, there was total of 143 deaf and 117 partially deaf persons resident in Coventry and registered with the Association."

An analysis of the deaf and partially deaf, as far as it relates to Coventry, is set out as follows:—

		AGE GROUPS								
Description	Sex	1-16 years	16-64 years	65+years	Total					
Deaf	M F	11 16	52 53	7 4	70 73					
Partially Deaf (Group A)	M F	7 7	. 11 3	<u>1</u>	19 10					
Partially Deaf (Group B)	M F	30 25	10 16	2 5	42 46					
Totals		96	145	19	260					

NOTE: Those in the "Partially Deaf" groups include:-

- those who have attended or are attending special schools for the partially deaf, and
- (ii) those attending ordinary schools with an aural aid with 40-60 decibel hearing loss.

The Deaf: - Misunderstanding about deafness is still rife today in the mind of the general public as a whole. The word "deafness" is used indiscriminately to cover all kinds and conditions of hearing defect from slight hearing loss down to total loss.

There are, in the main, four groups seriously disabled and handicapped by total or almost total hearing loss and who come under the true meaning of the term "deaf". They are (a) the deafborn and those adventitiously deaf from (b) early infancy, (c) school days and (d) in later life. Each group presents particular problems which need particular treatment accordingly both during school years and in post school life.

The Partially Deaf:—It is somewhat difficult to classify briefly the partially deaf as so much depends upon the advent of partial deafness in relation to age and also upon the extent of hearing loss. However, an adequate picture of the partially deaf may be assessed by two divisions—Group A: those attending or who have attended special schools for the partially deaf because they are unable to hold their own in normal hearing schools, and Group B: those whose hearing loss falls within the 40-60 decibel range and who are referred to the Association as in need of advice or assistance.

General Welfare Services:—Assistance to the deaf throughout the year is summarised as follows:—

Domiciliary and sick visitations, placement in industry pastoral welfare (including moral welfare and marriage guidance), interpretation assistance in all other spheres including placement work, medical and legal consultations, transport of elderly or infirm deaf to doctors or to hospitals and assistance given to public welfare departments as required.

In the latter connection assistance is given to the Ministry of Health, Ministry of Pensions and National Insurance, National Assistance Board and in particular to the Ministry of Labour and Youth Employment Services.

The Deaf in Industry:—The placement of the deaf who are so acutely handicapped always requires exacting attention and care. The field of employment is so considerably narrowed down. Some firms are hesitant about employment of the deaf in their factories and every endeavour is made to acquaint such firms of the good industrial potentiality of deaf applicants recommended for a particular vacancy. Gratitude is extended to the many firms who have engaged our deaf and it is pleasing to note that it is a rare occasion indeed to receive an adverse report concerning a deaf employee.

The Aged Deaf:—There is a wider appreciation in the mind of the public as a whole of the problem of old age. Deaf old folk feel loneliness of old age more acutely and need constant visiting and attention. The association arranges each year for a seaside holiday for a few special cases and our sincere appreciation and thanks are given to the Local Authorities concerned for their financial assistance in this direction. The Association is particularly grateful to Mr. Harry Trindall of Rugby whose assistance with transport of our older members to the seaside has been greatly appreciated.

During the year, one Coventry elderly deaf member was admitted to the National Institute Home for the Deaf at Felixstowe.

Social Club and Sports Activities:—Our Social Club, at our Headquarters, provides valued hours of recreational activities for our deaf. The importance of a social club for the deaf cannot be over-estimated. We have our football team and a variety of indoor activities including billiards and table tennis. Our football team plays in league matches under the aegis of the Coventry and District Football Association and our Table Tennis team plays similarly under the aegis of the Coventry and District Table Tennis Association. We also take part in the activities of the Midland Deaf Sports Association. In the quieter mood we also have a billiard and snooker team playing in local league matches. Our particular appreciation and thanks are due to our senior club members who so ably keep a full programme of activities going year by year. We record also our Annual New Year Parties for deaf children, partially deaf children and deaf old folks.

Pastoral Welfare:—Every Sunday special services are held in our chapel which enable our deaf to have opportunity to share in the full communicant life of the church. The services are attuned to meet the special needs of deaf souls who live in a world of silence.

We record with much pleasure the visit of our President, the Lord Bishop of the Diocese on Sunday, 15th December, 1957, when he, assisted by our Chairman, the Very Reverend the Provost of Coventry, celebrated Holy Communion in our Chapel. The Chapel was filled to capacity and our deaf congregation was so glad to have the opportunity of meeting the Bishop personally after the service. The Bishop with the assistance of the Chaplain as interpreter conversed with each member of the congregation. His visit gave great encouragment to our deaf and will always be remembered with gratitude."

The Chaplain and Welfare Officer is assisted in his work by a Trainee Assistant Welfare Officer.

WELFARE OF OLD PEOPLE

Much progress has been made in connection with the welfare of old people, since the issue of the fourth report of the Policy Advisory Committee on the survey of organisation and methods undertaken by the O. and M. Division of H.M. Treasury. It was suggested that appropriate Committees consider what more could be done in the nature of "preventive" work, to improve the conditions of old people and lessen the demand for accommodation in Old People's Homes.

An Assistant Welfare Officer was appointed and is acting as a medium of direct liaison between appropriate voluntary bodies concerned with the welfare of old people. A survey of the activities of the Ward Old People's Welfare Committees, disclosed the need for further voluntary effort on behalf of old people in some parts of the City, and inaugural meetings of New Ward Welfare Committees have been held. I am particularly anxious to see a visiting service organised on a sound basis in each Ward, since it is mainly through visitation that the needs of old people are brought to light. This is a matter to which we are directing our attention, in order that the appropriate services can be invoked to mitigate or ameliorate the conditions under which old people are living, and in order that we can provide for a far greater range of old people than is at present possible.

Apart from this, visitation in itself fulfils a very useful purpose. Many old people are worried by a sense of loneliness, which in many instances can be dispelled by regular visitation.

Apart from the foregoing, the Department has given, and is giving considerable assistance in providing social and other amenities for old people, which includes affording active help in the running of the Golden Years' Club for Old People, which is now firmly established, and also in the operation of the Chiropody Service for old people, sponsored by the Central Committee for Old People's Welfare, which has had generous financial assistance

from the King George Sixth Memorial Fund (through the good offices of the National Corporation for the Care of Old People) and through the Cinema Charities Fund (through the kindness of the Watch Committee).

It is with pleasure that I report that it has been possible to augment the existing Chiropody Service with a limited Domiciliary Service catering for approximately 40 necessitous old people, who

are not able to visit the chiropodists' surgeries.

Further strong representations to the Ministry of Health to provide officially, under the Prevention of Illness, Care and After-Care provisions of the National Health Service Act, a chiropody service free of charge to necessitous old people, proved, I regret to say, abortive. Experience of the existing voluntary service has emphasised the need for chiropody treatment to be available for necessitous old people, without restriction on financial grounds. For this reason I welcome the inclusion of a clause in the Coventry Corporation Bill which, if approved, will give the Corporation power to provide their own service.

MISCELLANEOUS WELFARE SERVICES

Apart from the statutory duties imposed upon the Council in relation to handicapped persons, assistance and advice have been given in social problems, particularly where aged, infirm and sick have been concerned: and the staff have generally interested them-

selves in the welfare of the aged.

Hospital admissions have been arranged, claims for pensions, supplementary pensions, etc., have been prepared for those unable themselves to complete the necessary forms; action has been taken to safeguard property of persons admitted to hospital; furniture has been transported for Part III National Assistance Act accommodation cases as well as for hospital cases. Several applications have been made to the Court of Proteotion for the appointment of a Receiver to manage the affairs of patients unable to do so for themselves.

Arrangements have been made with the National Assistance Board to afford assistance to necessitous cases whose straightened circumstances have been brought to light by the department and

employment has also been found for a number of persons.

The following figures relating to cases referred to the department by letter or telephone, as distinct from personal applications and those for temporary accommodation, visited and investigated during the period 1st January, 1957, to 31st December, 1957, (there are increases in visits and in cases over the figures for 1956) will give some indication as to the nature of the work undertaken—

of	Admissions to Homes	sions to	Mobile Meals	General Welfare	Others		Cases
Number of Visits made		87	289	462	31	1093	704

I wish to thank staff in the Welfare Section of the Department for their continued application in this important work and also members of the Home Helps, Home Nurses and Health Visiting Services for their not inconsiderable contribution to the care of the aged either directly or by helpful liaison.

WELFARE SERVICES—BLIND PERSONS

Section 29

The care and welfare of blind persons comes within the scope of Section 29 of the National Assistance Act and of the Council's approved scheme. The staff designated for this work in the Health Department include three home teachers for the blind.

The teachers continue to be occupied in training those blind persons who can benefit from their teaching, and this includes Braille, Moon, and also simple handicrafts. They also give all possible assistance in the welfare of the blind and their advice and guidance are much in demand.

Our blind friends still have their regular meetings at the Welfare Centre, Gulson Road, and they much look forward to this. The ladies are occupied in handicrafts and discussions, and indeed upon household problems with which they have to contend from week to week, while the men enjoy light recreation such as domino matches. The annual outing, towards which all had contributed, took place at Stratford and Willersy, near Broadway. This outing gave much pleasure to all the blind persons concerned.

Tickets given by different theatre companies in the city to blind people throughout the year have been very much appreciated, and they have thereby been able to spend many happy evenings together.

During the year a motor coach outing to Temple Grafton was arranged through the Health Committee for all blind persons in the city. The parties had a most enjoyable tea at the Temple Grafton Court Hotel. Blind persons were accompanied by their guides and a total of 420 took advantage of a much appreciated outing.

A Christmas party, also arranged through the Health Committee, was held at the Hotel Leofric, and 380 blind and their guides attended. The entertainment was given by Mr. H. Calvert, Miss B. Camwell, Miss P. Hewitt and Mr. A. Bouckley, and their voluntary services were greatly appreciated by all.

Financial assistance continues to be rendered to those blind persons who are in need of it through the National Assistance Board; this has been the arrangement since 5th July, 1948.

Age Groupings of Registered Blind Persons

AGE PERIOD	M	F	TOTAL
0—1	2	0	2
2-4	2	2	4
5—15	8	6	14
1620	1	2	3
21—39	24	17	41
4049	22	13	35
50—64	41	44	85
65—69	23	25	4 8
7079	65	92	157
80-84	31	51	82
85—89	8	35	43
90 & over	2	11	13
Unknown	0	0	0
TOTAL	229	298	527

Incidence of Blindness Ages at which Blindness occurred.

AGE PERIOD	М.	F.	TOTAL
01	25	19	44
2-4	0	3	3
5—15	8	7	15
16—20	5	4	9
2139	32	23	55
40—49	24	17	41
50—64	45	64	109
65—69	24	36	60
70—79	53	81	134
80—84	12	31	43
85—89	1	10	11
90 & over	0	2	2
Unknown	0	1	1
TOTAL	229	298	527

THE PARTIALLY SIGHTED

The register of partially sighted in the city at December 31st, 1957, shows the following details:—

I. Partially Sighted in Age Groups.

Age Groups	0-1	2-4	5-15	16-20	21-49	50-64	65+	TOTAL
Males	_	1	25	4	7	3	13	53
Females	-	1	11	4	5	7	19	47

II. Partially Sighted in Ages at which Handicap Occurred.

Age Groups	0-1	2-4	5–15	16–20	21-49	50-64	65+	TOTAL
Males Females	34 16	3	_ 1	1	3	3 8	12 15	53 47

During the year 84 persons have been notified, 61 as blind and 23 as partially sighted, and an enquiry into the causes of the disability is summarised in the following table.

Enquiry into causation of Blindness or Partial Blindness.

			Cause	of Disability		
		Cataract	Glaucoma	Retrolental Fibroplasia	Others	Totals
(i)	No. of cases registered during the year in respect of which Section F of Form	20	11	1	52	84
	B.D.8 recommends: (a) No treatment	5	3	- 1	17	25
	(b) Treatment (medical, surgical or optical)	15	8	1	35	59

(ii No. of cases at i) (b) above which on follow up action have received treatment ...

All are receiving treatment or awaiting surgical treatment.

Ophthalmia Neonatorum.

(i)	Total number of cases notified during the year	 5
(ìi)	Number of cases in which:	
()	(a) Vision was affected	 Nil

No cases of ophthalmia neonatorum were referred for inclusion on the registers either as blind or partially sighted.

The enthusiasm of the blind home teachers in their day to day work is greatly appreciated by blind citizens, and I am much impressed with the intensive sense of vocation which they bring to their work.

PUBLIC WATER SUPPLY

I am indebted to the Water Engineer and Manager for the following information as to the city's water supply:—

1 1 1 1		066
Houses with water supply laid on	• • •	85,766
Houses supplied by standpipe or similar means		1,101
Population supplied direct		283,520
Population obtaining mains supply by standpipe	or	
other means (not direct)		3,853
Total population supplied		287,373

The supply has been satisfactory both in quantity and quality for all essential purposes.

The appendix given below contains information as to the frequency of bacteriological and chemical examinations of water from the various sources of supply.

The waters are not liable to have plumbo-solvent action.

No special action has been necessary to meet any contamination of underground sources of supply. Chlorinating equipment is installed at all pumping stations for emergency use.

CHEMICAL AND BACTERIOLOGICAL ANALYSES

Bac	teriologios	١.
Eva	minations	

Samples from	Frequency of Examination	Laboratory
All underground supplies, Strensham, and	Twice weekly	City Laboratory Service
bulk supply from Birminghau	Fortnightly	Coventry Public Health Laboratory
Strensham	Treated water Daily	City Laboratory Service
	All stages including inlet and outlet— Bredon Reservoir	Laboratory at Strensham
	—weekly Delivery at Meriden Twice weekly	City Laboratory Service
Distribution System.	6 samples each week	City Laboratory Service
New & repaired mains, consumer complaints, etc.	As required	11
All underground supplies, Strensham and bulk supply from	Fortnightly	City Laboratory Service
Birmingham	Full chemical and mineral analyses —periodically	"
Strensham	Treated water and all stages —partial analysis —daily	City Laboratory Service Laboratory at Strensham
	Full analysis, water sampled at Meriden — weekly	,,
	Full analysis, all stages through works —monthly	City Laboratory Service

Chemical Examinations

BURIALS

Section 50

During the year the Health Department accepted responsibility for the burial of the bodies of 24 persons who died or were found dead and in regard to whom no other suitable arrangements had been made.

COVENTRY CREMATORIUM

The Canley Crematorium, which is owned and operated by the Parks and Cemeteries Department of the Corporation, continued efficiently to fulfil its role in the hygienic disposal of the dead. The Medical Officer of Health as Medical Referee has the assistance of the Deputy Medical Officer of Health and one of his senior Medical Officers as Deputy Medical Referees.

The figures for 1957 which show an increase over preceding years, were as follows:—

19	95.7	1956.	1955.	1954.	19531.	1952. 1	947.
Total cremations 1	,688	1,651	1,563	1,394	1,250	1,105	532
Coventry residents	7'3'4	735	845	678	702	658	
Residents of other							
areas	954	916	718	716	548	447	_

It is again the fact that for 1957 the number of cremations taking place at the Coventry Crematorium outnumbered (as in 1956) the number of burials occurring in the city.

HOSPITALS

The hospitals and annexes in the city under the control of the Hospital Management Committee (Group 20) of the Birmingham Regional Hospital Board remain as follows:—

The Coventry and Warwickshire Hospital Gulson Hospital Whitley Hospital Paybody Orthopaedic Home Allesley Hall Annexe

The Board issues its own printed report.

SUPERANNUATION EXAMINATIONS

Medical examinations for superannuation purposes, initial entry into Corporation service, prolonged sickness, retirement, etc., commenced in the Health Department on 10th November, 1952, and from that date onwards, 5,812 examinations have been carried out by the departmental medical staff, as follows:—

	11.11.52 to 31.12 53	1954	1 95 5	1956	1957	Totals
Superannuation Scheme.						
Entrance into Superannuation Scheme	3 35	3 60	534	606	552	2,387
Prolonged sickness or retirement	30	34	29	23	16	132
Fitness to resume work	11	27	8	31	28	105
Non-Superannuation.						
Initial entrance examination to Transport Department	574	577	640	484	327	2,602
Prolonged sickness or retirement	42	23	11	ō	_	81
Routine re-examinations	31	50	27	43	57	208
Fire Service Examinations.	-					
Admission to Fire Service Pensions Scheme	48	93	9	20	18	188
Prolonged sickness or retirement	4	5	1	3	4	17
Other medical examinations for non-superannuated posts, etc.	1	10	17	18	13	59
Sundry,						
8undry and other examinations for non-superannuated posts in Corporation Service	2	2	9	4	16	33
TOTALE	1,078	1,181	1,285	1,237	1,031	5,812

STAFF CHANGES

The staff record shows the following changes during 1957:—

Left the Service:-

5 Assistant Medical Officers, I Supervisor of Midwives, I Tuberculosis Visitor, 6 Health Visitors, I Locum Medical Officer, I Locum Midwife, 2 Midwives, I Assistant Supervisor at Burns Road Occupation Centre, I District Inspector, I Meat Inspector, I Home Nursing Superintendent and I Assistant Superintendent of Home Nursing.

Joined the Department:-

3 Midwives, 3 Medical Officers, 3 Assistant Supervisors of Occupation Centres, 1 Locum Midwife, 4 Student Public Health Inspectors, 1 Home Visitor of the Blind, 4 Temporary School Nurses, 1 Trainee Assistant Supervisor of Occupation Centre.

Changes in junior clerical staff:-

One male junior absent on national service.

PUBLIC HEALTH INSPECTION SERVICE From the Report of the Chief Public Health Inspector R. WILLIAMS, O.B.E., D.P.A., F.R.S.H., F.A.P.H.I.

WORK OF THE DISTRICT INSPECTORS

	Dec. 1956	Dec.
Drainage and Pavement	,,,,	301
Drains opened and cleansed from obstruction	978	602
Drains provided with efficient traps New Drains, inspection and intercepting chambers	_	_
provided	74	64
Drains relaid or repaired	218	114
Soil pipes and ventilating shafts improved or repaired	51	34
Rain water pipes disconnected from the sewer	_	I
Courts and back yards paved and repaired	13	7
Sink drains disconnected from the sewer	I	
DWELLINGS		
Floors of dwellings relaid or repaired	149	118
Dilapidated walls and ceilings repaired	175	120
Damp walls—Damp courses inserted	34	16
Repointed or cement rendered Roofs repaired and made weatherproof	164 259	165 1 90
Dangerous stairs repaired	16	0
Additional windows provided and others repaired and	10	9
made to open	203	200
Defective guttering repaired	231	18í
Houses provided with food stores	24	16
Existing pantries provided with external ventilation	_	_
Sculleries provided or reconstructed or enlarged		transporter.
Wash houses provided		.0
New waste pipes provided and others repaired	73	48
New sinks provided	24	42
Foul cellars cleansed and defects in drains remedied		
Houses limewashed and cleansed llouses cleansed after infectious disease	_	
Verminous houses and furniture disinfested	110	126
Additional water closets provided	18	14
Water closets reconstructed	17	13
Water closets repaired and limewashed		_
Water closets provided with new pedestals	201	143
Water closet pans replaced with pedestals	_	_
Defective joints in flush pipes repaired	74	42
Foul water closet basins and traps cleansed		144
Defective water closet cisterns repaired	209 85	144 84
New flushing cisterns provided		
Urinals cleansed and reconstructed		
Officials abolished	10	
PRIVIES, CESSPOOLS, ASHPITS AND DUSTBIN	2	14
Cesspools abolished	2	14
Offensive privies or pail closets converted into water	6	1
Closets		14
New water closets erected in place of above		14
Houses provided with sanitary dustbins	123	73
Various.		
		2
Nuisances from animals kept abated Offensive accumulations removed	87	108
Courts and backyards cleansed by tenants		2
Gipsy tents and caravans removed	25	14
Dairies reconstructed or improved	_	
Water supply—additional taps provided	2	2
Polluted wells dispensed with		
Town water supplied in place of well water	2	2
Offensive ditches cleansed	1224	1011
Miscellaneous	37	19
Improvements effected at shops and food premises	268	272
improvements effected at shops and to an pro-		
	5177	4059

IN CONNECTION WITH THE SUPPRESSION OF NUISANCES FOR THE PAST TEN YEARS. Summary of Inspectors' Work

													1	IC	,													
Totals.	11,641	747	1,10/	0 2 2	8,417	346	4,236	3,509	53			184	112	116	408	619	1,779	103	2,031	1,945	15	293	166	1,743	164	21,403		60,708
1957	602	1 -	114	8	299	42	199	181				1	14	14		84	143	1	1++	73		7	7	108		1951		3,978
1956	978	1,60	100	7 7 7	347	24	259	231		1		9		1	18	85	201	3	209	123		13	1	87	1	2130		4,875
1955	1010	ט נ	' '	, ,	583	20	90+	304		1		~	4	9	25	33	129	7	163	181		9	-	202		1139		4,313
1954	975	J 20	407	7 1	279	1	282	372	1			1	ű	2	186	13	134	2	256	149	1	27	10	97	21	1310		4,646
1953	1139	176	1/2	1 0	810	9	434	535				38	28	27	59	15	109	∞	213	40		44	18	144	∞	1876		5,728
1952	977	χ τ Σ	η Τα	0 0	912	40	390	390	7			17	∞	∞	. 29	70	136	14	159	35		12	41	91	1	2144		5,562
1951	1407	0 6	10	170	1068	52	468	389	7			31	14	14	25	81	181	12	202	184	2	42	12	122	14	2675		7,157
1950	1632	1+ L	2,	7 0	1059	31	472	295	2	1		33	13	. 13	15	99	166	11	152	271	-	32	31	406	1	2691		7,505
1949	1380	4 0 0	رب 1	1 200	1392	54	574	385	19			17	17	20	33	84	222	19	321	385	ω	41	29	240	56	2908		8,343
1948	1541	113	113	1	1368	77	752	427	18			40	6	6	18	88	358	26	212	504	3	69	22	206	84	2579		8,601
	No. of drains opened and cleansed from obstruction	bs	", new drains provided to premises	", Sink drains disconnected from the sewer	" Hoors and walls of houses repaired "	", new sinks provided and others repaired	", roofs of houses repaired and made weatherproof	" defective spouts repaired	" houses limewashed and cleansed	", houses cleansed after infectious disease	" offensive privies or pail closets converted into	water closets	". offensive privies or pail closets abolished	" new water closets erected in place of above	" additional new water closets provided	" water closets provided with new cisterns	", ", pedestal pans	" foul water closet drains cleansed	", defective water closet cisterns, etc., repaired	", sanitary dustbins provided to other premises	", urinals cleansed, repaired and reconstructed	", courts and backyards paved and repaired	", nuisances from animals kept, abated	" offensive accumulations removed	cases of overcrowding dealt with	", miscellaneous sanitary improvements effected		

Summary of other Miscellaneous Work FOR THE PAST TEN YEARS

1949 1950 1951 1952 1953 1954 1955 1956 <th< th=""><th>1957</th><th>09;</th><th>268</th><th>214</th><th>1537</th><th>37</th><th>15</th><th>2084</th><th>1521</th><th>5020</th></th<>	1957	09;	268	214	1537	37	15	2084	1521	5020
. 1948 1949 1950 1951 1952 1953 1954 1955 <td></td> <td>4 28260</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		4 28260								
<td></td> <td>3668</td> <td>832</td> <td>1486</td> <td>1856</td> <td>113</td> <td></td> <td>2907</td> <td>1505</td> <td>5452</td>		3668	832	1486	1856	113		2907	1505	5452
1948 1950 1951 1952 1953 4251 50673 58851 45855 1958 1958 365 434 416 391 306 217 asses 635 373 407 632 560 446 ot nuisances 3275 2973 2196 2066 1675 2089 with at the close 8 6 20 16 35 compliance with <t< td=""><td>1955</td><td>33785</td><td>291</td><td>312</td><td>2030</td><td>54</td><td>11</td><td>3107</td><td>3115</td><td>6838</td></t<>	1955	33785	291	312	2030	54	11	3107	3115	6838
1948 1949 1950 1951 1952 1952 1952 1952 1958 1952 1952 1958	1954	33080	111	194	1942	88	12	3035	2658	5857
1946 1949 1950 1951	1953	36988	217	446	2089	35	6	3519	3030	1341
1946 1949 1950	1952	45825	306	260	1675	16	12	2813	10410	1656
1946 1949 1949 1946 1949 1949 1948	1951	58851	391	632	2066	20	10	2644	9201	1361
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	1949	44251	434	373	2973	∞	1	2529	5435	1592
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visits visits visits notice inclue statu of the sumn notice regist		and	s test	respe	es is Jing i	tory r	nonse es ser	lered	paid	ences
		visits	drains	visits	notice	statu of the	sumn	regist	visits	refer
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ABOLITION OF CESSPOOLS—DRAINAGE

The full effect of main sewerage schemes is not always realised immediately. There are occasions when they assume the role of municipal "buried treasure", ready to be tapped when the need comes along. The provision of essential services as a long term policy in the city's outer areas is now reaping a rich reward. In addition to the urbanising of existing properties formerly dependent upon the conservancy system, which the Public Health Inspectorate has achieved, large tracts of land are open to development. Land which was of little value and of very limited use has become attractive to the planner and estate developer. The exceptional demand for homes coupled with the general tide of prosperity has brought about the development of many acres made possible by the Council's foresight in past years.

Development of this nature in the Walsgrave district has led to the provision of sewerage facilities to an isolated area in Shilton Lane which, for planning and economic reasons, had to depend upon the conservancy system of sewage disposal since its annexation twenty-five years ago. Now some thirty dwelling houses, a school and an old established licensed premises have access to all the benefits and advantages of modern sanitation.

The respective property owners have enthusiastically welcomed the opportunity of dispensing with the outmoded conditions for a health environment more in keeping with the times. Negotiations are well advanced towards the achievement of this public health improvement to the satisfaction of all concerned.

SANITARY PROVISION AND REFUSE DISPOSAL

The estimated number of sanitary conveniences, privies and cesspools existing at the close of the year is shown below.

				Dec. 1956	Dec. 1957
Number of water closets i	n houses,	institution	ıs,		
schools, factories, etc	o			114,646	118,147
Number of privy closets				75	75
Number of pail closets				249	238
Number of cesspools				331	318

Refuse collection and disposal are carried out under the direction of the City Engineer. Most of the refuse is disposed of by controlled tipping, the remainder being destroyed by incineration at the city's refuse destructor. The quantity of refuse collected during the year was 71,083 tons: of this quantity 16,924 tons were disposed of by incineration and 54,159 tons disposed of by controlled tipping.

The progress achieved during the year included the abolition of eleven privy or pail closets for which eleven water closets connected to the main drainage system were provided. Thirteen cesspools were also abolished.

DUSTBINS

The provision of dustbins to private dwelling houses is effected through the discretionary powers contained in Section 75 (1) of the Public Health Act, 1936, as amended by Section 8 of the Local Government (Miscellaneous Provisions) Act, 1953.

During the year 66 statutory notices were served upon owners of dwelling houses in respect of the provision of adequate dustbins for the proper storage of domestic refuse. One statutory notice was served upon the occupier of a dwelling house for that purpose during the period under review.

Dustbins were supplied by the Local Authority in default of the owner in eight instances.

VERMINOUS PREMISES

The Public Health Inspectorate dealt with 126 cases of vermin infestation during the year. This represented an increase of 14.5% on the number of infestations dealt with during 1956.

The bed bug was the pest requiring most attention and complete disinfestation was carried out in each instance. The insecticides used by the Department contain D. D. T. and Gammexane in liquid form or generated as a residual smoke. The human flea (Pulex irritans) also called for some attention and was effectively treated.

In common with the previous year there was again a good demand for the services of the inspectorate to deal with infestations of insect pests other than the bed bug and flea. These included cockroaches, ants, wasps, crickets, flies, woodworm, mosquitos and mites. In this connexion 150 infestations were treated. Much attention was given to the incidence of the German Cockroach (steam fly) found to be infesting canteen food kitchens. Successful treatments were carried out in several instances. Liquid insecticides and dusting powders containing D. D. T. were effectual in all cases.

PIG-KEEPING

No applications were received during the year from persons proposing to keep pigs in private or allotment gardens. Fifty-five inspections of existing pig keepers' premises were made by the inspectorial staff.

The up-to-date slaughtering facilities at the public abattoir are available to all who have food animals for slaughter. Private pigkeepers are given every encouragement to use them and several cottagers' pigs were prepared for food during the year through the facilities offered.

REFERENCES TO OTHER DEPARTMENTS

A total of 456 references was made during the year to the City Engineer, City Architect, Housing, Parks and Education Departments, Water Engineer, City Estates Surveyor, Children's Officer and Welfare and Pensions Service.

In addition to these, searches were made in respect of 4,654 properties for the Town Clerk's Department under the Land Charges Act, 1925.

New legislation and a Clean Air Exhibition necessitated many forms and other stationery for which a special word of thanks is due to the Printing and Stationery Department for the expeditious and efficient manner in which these needs were met.

HOUSING

The long awaited rent reform received the royal assent in June bearing the title of the Rent Act, 1957, and became law in July of the year under review. It is a most influential piece of legislation and re-enacts much of the Housing Repairs and Rents Act, 1954, and other Acts relating to the control of rents. Moreover the Act makes a bold attempt to clarify the provisions of previous statutes on the vexed subject of rents and rights of possession and provides a new interpretation to the relationship of landlord and tenant.

A new Housing Act also came into force in September, 1957, which is designed to consolidate many of the enactments relating to the care and upkeep of housing. The Act brings under one cover all the administrative procedure (excluding financial provisions) necessary for securing the repair, maintenance and sanitary condition of houses, together with powers for demolition and clearance. Provision is also made for the redevelopment of unhealthy areas and for the abatement of overcrowding in habitable dwelling houses. General powers are given to local authorities and Housing Associations to provide housing accommodation to meet local needs. Many other supplementary clauses are contained in the Act including one giving a local authority power to sell or supply under hire purchase agreement, furniture, subject to certain conditions. The Act is comprehensive in its scope.

This year, the second in the five years' programme of slum clearance, all the dwelling houses remaining to be dealt with by the "Clearance Area" method were formerly declared by the Council. In this way a total of 119 proposed areas were, by resolution, declared to be Clearance Areas. No less than 1,079 dwelling houses were involved in this unprecedented surge forward in the city's slum clearance campaign. Clearance Orders were made in respect of two Clearance Areas affecting 217 unfit dwelling houses. Ten "Individual Demolition Orders" were made relating to dwelling houses which could not be made fit for habitation at reasonable expense.

Forty-seven undertakings to demolish voluntarily were received in respect of unfit houses in anticipation of demolition orders being made. Of these, twenty-four were demolished during the year.

Ninety-two dwelling houses qualified for grant under Part II of the Housing Act, 1949. The building work entailed in the improvements was inspected and passed and the full amount in grants made to the applicants was £11,464. In each approved case the improved dwelling house is provided with a bathroom and other facilities designed to conform with modern housing standards.

Two certificates of disrepair and nine revocations of certificates of disrepair were issued under the Housing Repairs and Rents Act, 1954.

In accordance with the provisions of the Rent Act, 1957 which supercedes the former Act, 135 certificates of disrepair were issued. In 152 other instances the landlord gave the necessary undertaking to carry out the work of repair thereby obviating the issue of certificates of disrepair.

The Minister of Housing and Local Government held two enquiries into the grounds for making of Declaration of Unfitness Orders under the Town and Country Planning Acts. These called for expert evidence from a senior member of the staff who is a specialist on housing matters in relation to public health. The Orders were confirmed without modification.

Later in the year two public local enquiries were held in respect of twelve Clearance Orders submitted to the Minister in the previous year. The Minister disallowed all claims for well maintained houses and confirmed the Orders without variation.

The maintenance and repair of habitable dwelling houses through the powers contained in the Public Health Act, 1936, received particular attention throughout the year. In this connexion 2,320 repairs and improvements were effected for the abatement of nuisances associated with housing conditions. The powers of the Housing Acts are not always the most appropriate for securing the abolition of housing defects. The more general powers of the Public Health Act, 1936, are invaluable in achieving the continuous repair work necessary to maintain the essentially sound houses in the city in a habitable condition. This contention is substantiated by the fact that the periodical housing returns to the Ministry call for records of the housing repair work accomplished under the Public Health Act, 1936.

HOUSING STATISTICS YEAR, 1957

the	The Mini	following information is given in the form required istry of Housing and Local Government:—	by
Ι.	(a)	Acts)	046
	(b)	Trumber of inspections and in	756
2.	(a)	sub-head r above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	548
	(b)	Number of inspections made for the purpose 1,	568
3.	dar	mber of dwelling houses found to be in a state so ngerous or injurious to health as to be unfit for man habitation	548
4.	refe	mber of dwelling houses (exclusive of those erred to under the preceding sub-head) found not be reasonably fit for human habitation	370
Re	medy	for defects during the year without service of for	mal
Nu	mber	r of defective dwelling houses rendered fit in conce of informal action by the Local Authority	181
res	pect	of separate tenements or underground rooms in of which Closing Orders were determined the or room having been made fit	Nil
Th cer	e Ci	ty Engineer kindly gives the following information new houses:—	con-
(a)		omber of new houses erected during the year,	2,225
(b)	(ith State assistance under the Housing Acts (i) By Local Authority	2,114
(c)	`	nder the Housing (Financial Provisions) Act, 1933	Nil
,			

REHOUSING

Number of applicants on waiting list 31st December, 1957	6,116
(after revision 2,178 applications removed from list)	5,152
Number in Category A (First Priority)	3
Number in Category B (Second Priority)	382
27 1 1 0 0 0 //// 1 2 0 1	3,528
Number in Category D (Fourth Priority)	1,239
Number of families rehoused by end of 1057	1,808
Number of families rehoused by end of 195.7 From Category A Service tenancies 114	1,000
From Category B Exchanges	
From Category D. Evictions	
From Category D Evictions 3 Slum Clearance 177	
Others 1 2007	
Others 1,397 Number of applications for Corporation houses made	
Number of houses erected by the Corporation during the	31,244
year 1957	1,114
Number of houses voluntarily closed	58
Number of houses demolished	50
Number of families rehoused as a result of representations	
by the Public Health Inspector's Department	45
Number of families rehoused from caravans	94
ACTION UNDER STATUTORY POWERS DURING YEAR	THE
A Draggedings under Sections of the Mariner Act	
A. Proceedings under Sections 9, 11 and 15, Housing Act,	1957:
1. Number of dwelling houses in respect of which	
1. Number of dwelling houses in respect of which notices were served requiring repairs	1957 : Nil
 Number of dwelling houses in respect of which notices were served requiring repairs Number of dwelling houses which were rendered 	
 Number of dwelling houses in respect of which notices were served requiring repairs Number of dwelling houses which were rendered fit after service of formal notices:— 	Nil
 Number of dwelling houses in respect of which notices were served requiring repairs Number of dwelling houses which were rendered fit after service of formal notices: (a) By owners 	
 Number of dwelling houses in respect of which notices were served requiring repairs Number of dwelling houses which were rendered fit after service of formal notices :— 	Nil
 Number of dwelling houses in respect of which notices were served requiring repairs Number of dwelling houses which were rendered fit after service of formal notices:— (a) By owners (b) By Local Authority in default of owners 	Nil Nil
 Number of dwelling houses in respect of which notices were served requiring repairs Number of dwelling houses which were rendered fit after service of formal notices:— (a) By owners (b) By Local Authority in default of owners Froccedings under Public Health Acts:— 	Nil Nil
 Number of dwelling houses in respect of which notices were served requiring repairs Number of dwelling houses which were rendered fit after service of formal notices:— (a) By owners (b) By Local Authority in default of owners Broceedings under Public Health Acts:— Number of dwelling houses in respect of which 	Nil Nil
 Number of dwelling houses in respect of which notices were served requiring repairs Number of dwelling houses which were rendered fit after service of formal notices:— (a) By owners (b) By Local Authority in default of owners By Proceedings under Public Health Acts:— Number of dwelling houses in respect of which notices were served requiring defects to be 	Nil Nil Nil
 Number of dwelling houses in respect of which notices were served requiring repairs Number of dwelling houses which were rendered fit after service of formal notices:— (a) By owners (b) By Local Authority in default of owners By Proceedings under Public Health Acts:— Number of dwelling houses in respect of which notices were served requiring defects to be remedied 	Nil Nil
 Number of dwelling houses in respect of which notices were served requiring repairs Number of dwelling houses which were rendered fit after service of formal notices:— (a) By owners (b) By Local Authority in default of owners Proceedings under Public Health Acts:— Number of dwelling houses in respect of which notices were served requiring defects to be remedied Number of dwelling houses in which defects were Number of dwelling houses in which defects were 	Nil Nil Nil
 Number of dwelling houses in respect of which notices were served requiring repairs Number of dwelling houses which were rendered fit after service of formal notices:— (a) By owners (b) By Local Authority in default of owners Proceedings under Public Health Acts:— Number of dwelling houses in respect of which notices were served requiring defects to be remedied Number of dwelling houses in which defects were remedied after service of formal notices:— 	Nil Nil Nil
 Number of dwelling houses in respect of which notices were served requiring repairs Number of dwelling houses which were rendered fit after service of formal notices:— (a) By owners (b) By Local Authority in default of owners Proceedings under Public Health Acts:— Number of dwelling houses in respect of which notices were served requiring defects to be remedied Number of dwelling houses in which defects were remedied after service of formal notices:—	Nil Nil Nil
 Number of dwelling houses in respect of which notices were served requiring repairs Number of dwelling houses which were rendered fit after service of formal notices:— (a) By owners (b) By Local Authority in default of owners Proceedings under Public Health Acts:— Number of dwelling houses in respect of which notices were served requiring defects to be remedied Number of dwelling houses in which defects were remedied after service of formal notices:—	Nil Nil 189 Nil
 Number of dwelling houses in respect of which notices were served requiring repairs Number of dwelling houses which were rendered fit after service of formal notices:— (a) By owners (b) By Local Authority in default of owners Proceedings under Public Health Acts:— Number of dwelling houses in respect of which notices were served requiring defects to be remedied Number of dwelling houses in which defects were remedied after service of formal notices:—	Nil Nil 189 Nil
 Number of dwelling houses in respect of which notices were served requiring repairs Number of dwelling houses which were rendered fit after service of formal notices:— (a) By owners (b) By Local Authority in default of owners Proceedings under Public Health Acts:— Number of dwelling houses in respect of which notices were served requiring defects to be remedied Number of dwelling houses in which defects were remedied after service of formal notices:—	Nil Nil 189 Nil
 Number of dwelling houses in respect of which notices were served requiring repairs Number of dwelling houses which were rendered fit after service of formal notices:— (a) By owners (b) By Local Authority in default of owners Proceedings under Public Health Acts:— Number of dwelling houses in respect of which notices were served requiring defects to be remedied Number of dwelling houses in which defects were remedied after service of formal notices:—	Nil Nil 189 Nil
 Number of dwelling houses in respect of which notices were served requiring repairs Number of dwelling houses which were rendered fit after service of formal notices:— (a) By owners (b) By Local Authority in default of owners Proceedings under Public Health Acts:— Number of dwelling houses in respect of which notices were served requiring defects to be remedied Number of dwelling houses in which defects were remedied after service of formal notices:—	Nil Nil 189 Nil :
 Number of dwelling houses in respect of which notices were served requiring repairs Number of dwelling houses which were rendered fit after service of formal notices:— (a) By owners (b) By Local Authority in default of owners Proceedings under Public Health Acts:— Number of dwelling houses in respect of which notices were served requiring defects to be remedied Number of dwelling houses in which defects were remedied after service of formal notices:—	Nil Nil 189 Nil :
 Number of dwelling houses in respect of which notices were served requiring repairs Number of dwelling houses which were rendered fit after service of formal notices:— (a) By owners (b) By Local Authority in default of owners Proceedings under Public Health Acts:— 1. Number of dwelling houses in respect of which notices were served requiring defects to be remedied 2. Number of dwelling houses in which defects were remedied after service of formal notices:—	Nil Nil 189 Nil: 10
 Number of dwelling houses in respect of which notices were served requiring repairs Number of dwelling houses which were rendered fit after service of formal notices:— (a) By owners (b) By Local Authority in default of owners Proceedings under Public Health Acts:— Number of dwelling houses in respect of which notices were served requiring defects to be remedied Number of dwelling houses in which defects were remedied after service of formal notices:—	Nil Nil 189 Nil: 10
1. Number of dwelling houses in respect of which notices were served requiring repairs 2. Number of dwelling houses which were rendered fit after service of formal notices:— (a) By owners (b) By Local Authority in default of owners B. Proceedings under Public Health Acts:— 1. Number of dwelling houses in respect of which notices were served requiring defects to be remedied	Nil Nil 189 Nil: 10
 Number of dwelling houses in respect of which notices were served requiring repairs Number of dwelling houses which were rendered fit after service of formal notices:— (a) By owners (b) By Local Authority in default of owners Proceedings under Public Health Acts:— Number of dwelling houses in respect of which notices were served requiring defects to be remedied Number of dwelling houses in which defects were remedied after service of formal notices:—	Nil Nil 189 Nil: 10

CARAVANS, FAIRS AND CAMPING SITES

The demand for accommodation on the caravan sites established in the city under the licensing provisions of the Public Health Act, 1936, has appreciably declined. There were few enquiries received during the year from prospective caravan dwellers for information regarding local sites. There is good reason to believe that this mode of living, as a substitute for traditional housing, has passed its peak. No applications were submitted for licences either to station and use a caravan for a limited period or to establish new sites or to extend existing sites. The progress of dwelling house construction, both municipal and speculative, is no doubt contributing largely towards the improved situation in the city's caravan population.

Of the fifteen caravan sites, including the Corporation owned site at Wyken Croft, approved by the Health Committee under the licensing provisions of the Public Health Act, 1936, nine are now in operation. These are authorised under the licensing conditions to provide standings for 567 caravans. At the year end twenty-two vacancies over all the nine caravan sites in operation were recorded.

A total of 94 families living in moveable dwellings in the city were provided with Corporation housing accommodation by the end of the year.

Unauthorised occupation of land as sites for moveable dwellings in two instances, involving eleven caravans and converted buses, received the attention of the Department during the year.

PREMISES AND OCCUPATIONS CONTROLLED BY BYELAWS AND REGULATIONS

There is one common lodging house in the city under the control of the Men's Social Section of the Salvation Army. The men who have recourse to these hostel premises are well satisfied with the higher standard of accommodation which the Salvation Army has provided. The extensive scheme of repair and reconstruction, including the new dining room and food preparing kitchen now in full use, is a credit both to the controlling authority and to the city. It is particularly gratifying to the Public Health Inspectorate who were closely concerned with the achievement of this major improvement in lodging house hygiene. The premises are well constructed and maintained in a clean condition. The nightly average of men seeking lodgings during the year was in excess of 120.

Houses Let in Lodgings

Number on register January, 1957	 	 8
Number discontinued during the year	 	 Nil
Number on register December, 1957	 	 8
Number of visits during the year	 •••	 12

Offensive Trades

- 2 Tripe Boilers
- 1 Hide and Skin Dealer
- 1 Rag and Bone Dealer
- 1 Gut Scraper
- 2 Tallow Melters
- 1 Bone Boiler

The hide and skin dealer is located at the public abattoir where tripe dressing is also carried on.

Inspections were made of the above premises regularly and a reasonable standard of cleanliness was maintained.

AIR POLLUTION

The reduction and prevention of air-pollution has continued to be a primary field of endeavour. The year 1957, in this branch of environmental hygiene, has been termed "a year of transition." Several of the provisions of the Clean Air Act 1956 came into force on 31st December, 1956, including the highly important and potentially controversial section relating to the establishment of "smoke control areas". The principal sections for the control of dark smoke and of grit and dust,—principal in that they apply mainly to industry and represent the directly prohibitory part of the Act, are to operate on 1st June, 1958. During the year under review the smoke abatement sections of the Public Health Act, 1936, have been operative nationally. Locally, in addition to national legislation, the prevention aspect of air-pollution control has continued to be strengthened and established by the Coventry Corporation Acts, 1948 and 1954.

Under their local Act of 1948 and amending Act of 1954, the Coventry City Council was the first local authority in the country to obtain a smokeless zone and to operate powers for prior approval of proposed fuel burning installations. Since that time the interest shewn by other local authorities and their officers in the Coventry projects has increased progressively. The experience gained and the information accumulated in the Department have been of the greatest assistance to the many enquirers from outside sources. This has been particularly marked in the eases of local authorities proposing to promote smoke control areas in the future under national legislation, and the enthusiasm shewn by those who benefit from Coventry's experiences is very gratifying. During the vear a member of the Public Health Inspector's Department was a prizewinner in the Haldane Essay Competition of the Royal Institute of Public Administration open to world-wide entries with a contribution entitled "The Control of Air Pollution by Local Authorities".

Clean Air Act, 1956

The sections of the Clean Air Act, 1956, which have been operative during the year are concerned with: new furnaces to be

smokeless, smoke control areas, height of chimneys, pollution from premises controlled under the Alkali Act, colliery spoilbanks, temporary exemptions for research purposes, Crown premises (in part), the Clean Air Council, and the necessary administrative sections. The sections operative from June 1st, 1958, include those relating to dark smoke emission, grit or dust from furnaces, railway engines, vessels, and Crown premises (in part). Regulations to prescribe the permitted limits for emissions of dark smoke, and an Order to extend the lists of works and gases controlled under the Alkali etc. Works Regulation Act, 1906, will also operate from June 1st, 1958.

Features of the Act which are new to national legislation are recognition of the preventive control empowering local authorities to establish smoke control areas, and a form of prior-approval of fuel burning installations; strengthening of abatement methods by fixing stricter and more easily defined standards; extended powers to control grit emission; and special processes transferred to the Alkali Inspectorate. Other extended forms of control relate to railway smoke and colliery spoilbanks, and provision for regulations by the Minister for smoke density meters in industrial chimneys, and measurement of grit and dust emissions.

Smokeless Zone

The Coventry smokeless zone became operative on the 1st March, 1951, and as such was the first in this country. Smoke has been shewn to be an avoidable pollutant of the atmosphere, and also that the progress made in the science of fuel combustion and the use of smokeless fuels have removed any necessity or excuse for pouring smoke into the atmosphere. Post-war reconstruction of the City centre provided a unique opportunity for making good the deficiencies of air-pollution control hitherto available under national legislation, and a private Act of Parliament was promoted by Coventry City Council to enforce smokelessness as an important feature of the ambitious programme of redevelopment. Reconstruction of the City's civic and commercial centre along the modern and spacious lines then envisaged and now apparent, but without conscious effort to ensure clean air, would have been a shortsighted policy. The dirt and squalor of a blackening and corrosive smoke-polluted atmosphere would have more than detracted from the planned beauty of the focal point. In establishing a smokeless zone in 1951 Coventry achieved more than the National Clean Air Act, 1956, hopes to achieve, with its smoke control areas allowing of a modicum of smoke, in the next 10-15 years. Although only 30 acres in extent the zone has been successful and the comparative absence of "smog" therein during general foggy conditions has been commented upon in the press.

Prior Approval of Fuel Burning Installations

Locally, there has been a steady advance in combating airpollution in all sub-divisions of the problem. The control of new turnaces, an important feature of the new national Act, has been operated by virtue of a private Act of Parliament since 1948. During the year under review 16 applications were received for priorapproval of new furnaces. As a method of control of air-pollution in an area, prior-approval of proposed fuel burning installations is less spectacular than the establishment of a smokeless zone. Nevertheless it has a more subtle effect in that control is applied to individual cases as they arise. It consequently produces less opposition than the immediate prohibition of smoke by one comprehensive enactment. Broadly speaking, prior-approval control of proposed furnace installations is intended to follow closely the well-known pattern of building bye-law control of proposed buildings, which empower local authorities to approve or reject plans if they do not comply with a code of requirements. In the case of furnaces the requirements aimed at are such as to give optimum smokelessness. Here again, Coventry's experiences of this form of smoke control have represented something in the nature of a prototype and similar provisions appear in the Clean Air Act, 1956.

Clean Air Exhibition

During 1956-57 Coventry joined forces and played a leading part with other local authorities in the West Midland Clean Air Campaign organized by the Association of Public Health Inspectors. he Solid Smokeless Federation, and the Combustion Engineering Association. Locally, the campaign culminated in the promotion of the large scale Clean Air Exhibition at the Drill Hall during February 5th to 8th, 1957. The exhibition, which was opened by the Lord Mayor, Alderman W. I. Thomson, was the largest in the campaign and had as its slogan—"Down with Smoke". Sir Hugh Beaver, K.B.E., Chairman of the Committee on Air Pollution was the principal speaker and outlined the considerations which faced his committee in dealing with the difficult problem of air-pollution. He also congratulated Coventry on its pioneering foresight in including smoke prevention control as a feature of ambitious redevelopment. Exhibited were all types of industrial and domestic fuel burning equipment, with the accent on smokelessness and the efficient usage of fuels, from massive mechanical stokers down to the all important domestic appliances. In addition to lavish exhibits by midland manufacturers of industrial equipment, the gas and electricity boards, fuel suppliers associations, and domestic appliance makers, a comprehensive range of instruments was on show for accurate measurement of combustion conditions in furnaces, for measuring smoke in the air and dust and grit deposited.

Smoke Control Areas

The Clean Air Act, 1956, has as its most important section the empowering of local authorities to control domestic smoke by prohibiting the emission of defined "dark smoke", as with industrial premises, and by establishing "smoke control areas" wherein only approved appliances and authorised fuels may be used. House-

holders must play their part in reducing smoke. Conversion of old-fashioned firegrates to burn smokeless fuel will be necessary, or electric or gas heaters and cookers may need to be installed. There is provision in the Act for a contribution by the local authority of 7/10ths of the cost of any alterations necessary in private houses to make the fuel-burning appliances in regular use suitable for burning authorized fuels.

The traditional open fire will stay and continue to represent the focal point of family life although perhaps, with the advent of television, to lesser effect. The pattern of domestic smoke control in the future should tend towards improved open fire appliances, with gas-ignition, burning smokeless fuel such as gas-coke. The change-over of fuel usage to authorized fuels will be difficult and propaganda and publicity will be essential.

Two large smoke control areas are proposed in Coventry as an initial step in the Government's ten year plan to combat airpollution. The areas selected during the year under review were the two newly-developed housing estates of Tile Hill (North and South), and the Allesley Park Estate. Pilot surveys were made of the areas in order to estimate the extent of appliance conversion and smokeless fuel supplies required. Following the survey it was gratifying to note, particularly in the Corporation-owned estate where approved smokeless fuel burning appliances are already installed, that there was a large-scale voluntary change-over to coke burning. Such trends are very useful and will lessen the extent of upheaval after the Minister's anticipated confirmation of the Order. In any case, compulsion in such matters usually leads to uncompromising prejudice which must at almost all costs be avoided.

Additional Air Pollution Measurement Stations

Since 1934 Coventry has carried on continuous measurement of particulate matter deposited from the atmosphere and estimation of sulphur dioxide levels at three stations within the City area. Immediately prior to June, 1957, the stations were sited as follows:—

- 1. Day Nursery, Edgwick.
- 2. Spon End Water Undertaking.
- 3. Pumping Station, Whitley.

Such measurement, extending over a period of time, has given valuable information concerning industrial pollution and its location. On the basis of readings, new sources are checked and standards fixed for chimney heights and grit emission intensities. Coventry is a member of the Standing Conference of Co-operating Bodies for Air Pollution Measurement which operates in conjunction with the Department of Scientific and Industrial Research. Monthly results are forwarded to the latter body, as are results from stations throughout the country, for collation and co-ordination.

Since mid-1957 an additional 9 stations have been operated, making a total of 12, at the selected sites as follows:—

Station 1. The Precinct (Roof of Marks and Spencers Store).

Station 2. Day Nursery, Edgwick.

Station 3. Spon End Water Undertaking.

Station 4. Pumping Station, Whitley.

Station 5. G.E.C. Allotments, Copsewood.

Station 6. Stoke Park Secondary School.

Station 7. Teachers Training College, Canley. (Temporary).

Station 8. Wood End Primary School, Deedmore Road.

Station 9. Foleshill Cemetery, Windmill Road.

Station 10. Coventry Co-operative Society branch shop, Cheveral Avenue, Radford.

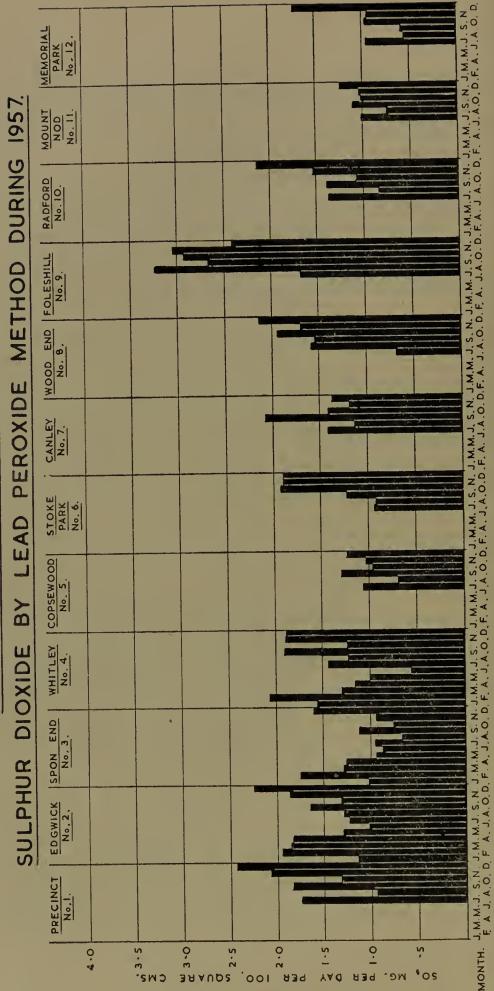
Station 11. Mount Nod Pumping Station, Broad Lane.

Station 12. Memorial Park (including Meteorological Station).

Effective action to reduce pollution of the atmosphere must be based on reliable knowledge of its nature and extent. Only by continuous measurement by scientifically standardized methods can the effect of such action be estimated. On the basis of this concept the extent of measurement coverage has been considerably widened giving an accurate picture of conditions in the Coventry area. The accompanying charts indicate the variations from district to district of air-borne deposited matter and sulphur dioxide. (Charts A and B).

A further innovation in this context has been the establishment in the Council offices of a laboratory containing apparatus for the measurmeent of smoke and suspended impurity in the air in addition to the continuous quantitive measurement by chemical means of sulphur dioxide content. Accurate day to day fluctuations are measured at a point eastward (lee of prevailing wind) of the central area smokeless zone so giving a check on atmospheric conditions. Since the operation of this central measuring station experiments have taken place to secure even greater accuracy. In conjunction with the Department of Scientific and Industrial Research the use of photo-electric methods of smoke assessment by Reflectometer have been developed which eliminate the unreliable visual method involving the "personal equation". Coventry thus becomes the first local authority to adopt control measures and means more suited to the technological age in which we live.

ATMOSPHERIC POLLUTION. CHART A.



MONTHLY DEPOSITS IN TONS PER SQUARE MILE DURING 1957. ATMOSPHERIC POLLUTION. CHART B.

ME MORIAL PARK No. 12.							A.M. J. S. N. A. J. A.O. D.
MOUNT No. II.					7		M.M.J.S.N. J.N.
RADFORD No. 10.							J.M.M. J. S.N. J. M. J.
No. 9.				The tree of			F. A. J. A.O. D.
WOOD END					Communication of the Communica		J.M.M. J. S. N F. A. J. A.O. D.
CANLEY							J.M.M.J. S.N.
PARK No. 6							J.M.M. J. S. N. F. A. J. A. O.D
COPSEWOOD No. 5,				122	3 5 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Commence of the second	J.M.M.J. S.N.
WHITLEY No. 4.							J.M.M.J.S.N.
SPON END			1 0/12				J.M.M.J.S.N. D.F.A.J.A.O.
EDGWICK No. 2.			1				J.M.M.J.S.N D.F. A. J.A.O.
PRECINCT No. 1.							
	v e	. HTM(S JIM. 3	_	O - DON? b et	T N	MONTH.

Warwickshire Clean Air Council

The year under review saw the formation of the Warwickshire Clean Air Council with Coventry a leading member of 18 member authorities in the County. The Council is a voluntary association of local authorities established as an advisory and technical body with the object of abating the pollution of the atmosphere and of assisting members to implement the Clean Air Act, 1956. An important function is the undertaking of investigations and research, including the provision, siting, erection and maintenance of such instruments as may be necessary to measure and correlate airpollution throughout Warwickshire.

Dust, Grit and Fume Emissions

In recent years the problem of dust, grit and fume emission has become intensified, and attendant difficulties experienced by Public Health Inspectors. Particulate matter forming a constituent of smoke can usually be traced to the source being of a visual nature. Alternatively, grit—usually deposited within a few hundred yards of the chimney and causing nuisance to residents—may have insignificant optical density even at high concentrations. Methods of measurement and accurate location of sources are not entirely satisfactory being dependant on variable factors such as weather conditions in addition to being time-consuming to a high degree. The Department of Scientific and Industrial Research in conjunction with the British Standards Institution are investigating methods of measurement and detection and it is hoped that a satisfactory technique can be developed.

Investigations were undertaken during the year, following complaints of dust and grit emissions and of noxious vapours and fumes from several factories in the City. Complaints related to discharges from chimneys, foundry cupolas, industrial tips, coal sidings, concrete and chemical works, grinding and polishing works and brickworks. These cases necessitated prompt alleviation of the nuisance and the installation of new plant and grit-arresting measures to prevent recurrence.

Processes registerable under the Alkali etc. Works Regulation Act, 1906, which were subjects of complaints, were jointly investigated by the Alkali Inspectorate and officers of the Department. Under the Clean Air Act, 1956, certain other processes and works, hitherto under the control of the local authority, are likely to be transferred to the jurisdiction of the Government Alkali Inspectorate.

CANAL BOATS

During the year eleven visits were made to the canal and the cabins of seven boats were examined and found to be occupied by four men, five women and five children. All the boats met with were found to conform with the Acts and Regulations.

There was no case of infectious disease notified during the year. All the boats inspected were found to be free from vermin infestation.

Other details for the year are as follows:—

Total number of boats registered up	p to 3/1 st	t Decemb	er, 1956	551
Boats added to register in 1957				Nil
Registrations cancelled				3 2 8
Aetual number of boats on register	at 31st	Deeemb	er, 1957	223

VACANT BOMBED SITES AND WASTE LAND

In co-operation with the City Engineer and Surveyor and his staff special attention was again given to the vacant bombed sites and other undeveloped land throughout the city which had become repositories for refuse and litter. A comprehensive survey was made by the inspectorate and those sites needing attention were appropriately dealt with. Of a total of 132 such sites surveyed 22 were found to have refuse of various kinds deposited on them. The overall picture here shows a marked improvement in the sanitary condition of the vacant land throughout the city. The amount of refuse found on the affected sites did not come to more than an ordinary lorry load, whereas in 1955 there were 69 lorry loads of refuse collected from vacant plots.

There was an added significance in the work carried out in this connexion during the year. The clearance of rubl ish and litter of all kinds from vacant land in the city was vigorously pursued in conjunction with environmental control measures taken to promote the highest standards of public hygiene possible during the poliomyelitis epidemic which descended upon the city in the summer season.

RIVERS AND STREAMS

The control measures which were put into effect included the systematic inspection and sampling of water from the rivers and streams within the city boundary. The Rivers Sowe and Sherbourne were sampled frequently at numerous points and swabs were placed in selected sites and submitted for bacteriological examination to the Public Health Laboratory Service. Similar treatment was applied to the many tributaries flowing into these rivers. Sources of pollution were thereby traced and in many instances dealt with effectively. Pollution from fractured sewers, trade wastes and deposits of various kinds was satisfactorily terminated. In one case a major scheme of improvement was completed on the Dunster Place section of the Hall Brook which flows into the River Sowe. A third of a mile of brook course was culverted where it passes through a closely populated district. This section is now protected from the pollution and abuse which previously existed. The former objectionable conditions and health hazards associated with the Hall Brook in this locality are replaced by a long wide area of reelaimed land which is level, clean and safe.

Some idea of the complex nature of the pollution entering the natural waterways of the city may be realised when it is considered that the pollutants range from cesspool overflows, sewage works effluents, sewers which surcharge in times of flood, and sewers which fracture, to fuel oil, machine suds, paint washings, cyanide and carborundum, gas liquor, household refuse and washings from dog kennels. During and since the epidemic much has been achieved in the abatement of river and stream pollution, but more still needs to be done before the desired standards are attained. Dirty rivers may or may not cause disease, but we do know that clean rivers do not!

[N.B.—The above from the Chief Public Health Inspector's Report, relates to the inspection and sampling measures undertaken by the Inspectorate—and supplemented by general agreement during the time concerned—as part of the overall arrangements and cooperation entered into by several Municipal Departments—(e.g. City Engineer, City Analyst, Director of Parks and Public Health Laboratory Service)—in conjunction with the Health Department, to ensure as far as was reasonably possible the hygienic control of the City's waterways, swimming baths and pools during the sizeable outbreak of Poliomyelitis in Coventry during 1957—(see also introductory letter herein).]

MEAT INSPECTION

There was no appreciable change in the amount of slaughtering carried out at the public abattoir during the year. The difference of some 3,000 animals was due mainly to small decreases in the number of calves, pigs and cattle, but there was a small increase in the number of sheep killed.

Most of the slaughtering carried out at the abattoir continues to be done by the main wholesalers, the Fatstock Marketing Corporation and G. H. Monk and Co. Ltd. In addition to the wholesalers the M. S. K. Slaughtering Contractors, the Co-operative Society and two smaller contractors form the main slaughtering agencies. The number of private butchers using the abattoir to kill their own animals is very small, the majority preferring to buy off the hook at the wholesale meat market or employ slaughtermen to kill animals bought by themselves at the various local cattle markets. This trend was forecast in reviews of previous years. In pre-war years the butcher-slaughterman was proud of his craftsmanship whereas today the butcher is content to either buy off the book or employ contractors to carry out the slaughtering, and unfortunately, it might well mean the end of the butcher craftsman.

As will be seen from the table showing the annual spread-over of the killing it will be found that the peak killing periods occur during late summer and early winter months. During peak-killing periods some difficulties are encountered in meeting the needs of

the various slaughtering groups, but on the whole, the abattoir has been capable of dealing with the throughput despite the fact that it has now been in existence for some twenty-five years. Congestion during peak killing could be greatly eased if all the dressing areas were fitted with electrical hoists and saws.

Lairage accommodation is insufficient, during peak periods, to cope with the increased intake of animals, the problem should be solved when the new lairages now being built on the site of the old cattle market adjoining the abattoir are completed. Lairage is an important factor in the subsequent palatability of meat. Moreover the rest and fasting possible with suitable lairage accommodation are of primary importance in producing carcase meat in its best condition, apart from the fact that there are features of public health importance involved in this connexion.

To meet the high throughput working hours have continued to be from 6.0 a.m. to 6.0 p.m. on Mondays to Fridays and from 6.0 a.m. to 12 noon on Saturdays with limited extensions being allowed for the heavy Christmas killings.

During the year arrangements were made by the Ministry of Agriculture, Fisheries and Food for grants to local authorities toward the cost of meat inspection. The scheme aims to relieve local authorities of most of the expense of inspection of meat which is slaughtered in their area but not consumed there. The meat in excess of local needs is regarded as "export meat" and ranks for grant aid. In Coventry, the local need is calculated at approximately 400,000 units, while our actual throughput is roughly 600,000 units.

The slaughterhouse, being as it is, the first stage in the preparation of a most important article of the nation's diet, should be required to attain a high standard of hygiene. With improvements in standards and with an understanding management there seems to be no valid reason why it should not be considered akin to a butcher's shop and other food preparing premises. Much remains to be accomplished in this respect and the promised legislation to attain this end will be particularly welcome.

During the year, routine swabbing and specimens sent for pathological examination proved satisfactory.

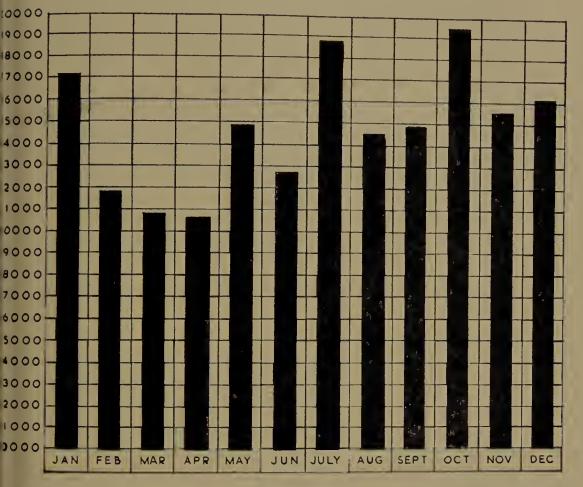
Animal Health

The general improvement in the quality of the animals slaughtered at the abattoir continues. There is, however, a disquieting feature respecting the number of cases of cysticercosis discovered in cattle. Although the increase is a comparatively small one—six more cases this year—it would appear that the condition is now becoming established in home bred animals and that prevention methods in addition to its discovery by inspection are needed to prevent the parasite becoming a greater problem than it is at present.

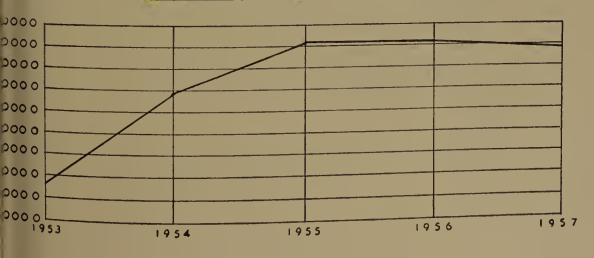
There was an increase of nearly 50% in the number of cattle slaughtered under the provisions of the Tuberculosis Order and the Tuberculosis (Slaughter of Reactors) Order. These animals are sent in to the abattoir as a result of the field work of Veterinary Officers of the Ministry of Agriculture, Fisheries and Food. In most cases the cattle are known to be reactors to the tuberculin test. This work will be continued until the area of South Warwickshire is declared a clean area and it is hoped that this will be accomplished within the next few years. In the meantime, it is expected that larger numbers of these reactors will be sent in to the abattoir. The work performed by the meat inspectors in this connexion is much appreciated by the Ministry and their closest co-operation is given for this highly important aspect of meat inspection and the part it plays in the elimination of tuberculosis from our beef and dairy herds.

Congenital tuberculosis in calves was observed in five instances. Four of these were reported to the Ministry for further investigation into their histories. Four of the dams concerned were traced and found to be suffering from the disease. Wrongly placed tickets on the other calf meant that it was not possible to trace any dam.

CHART ILLUSTRATING ANNUAL KILLING SPREAD - OVER FOR 1957



GRAPH SHOWING THE NUMBER OF ANIMALS SLAUGHTERED AT THE PUBLIC ABATTOIR DURING THE LAST FIVE YEARS



In bovines the parasitic condition—fascioliasis—continues to be a major cause of unfitness for human consumption. During the year more than 1,250 beef livers were condemned for this reason alone. Together with similarly affected part livers some 50,000 lbs. were lost to the butchers. With such heavy losses it is clearly necessary that veterinary research should endeavour to find measures to reduce its incidence. In sheep, there was a marked improvement in the figure for this condition, the figure this year being only a half of what it was last year.

Abscess conditions and actinomycosis occurred more frequently than last year—an increase of just over 250. This trend was noted in last year's report and attributed to the increasing mechanisation of our farms and in the use of baling machines where pieces of cut wire are left on pastures and then subsequently swallowed by grazing cattle. The resulting trauma gives rise to invasions of tissue, particularly of liver and stomach, of pathogenic organisms which cause abscesses.

In pigs, conditions such as pneumonia, pleurisy and pericarditis show a marked decrease in occurrence, there being about 1,000 cases fewer this year. There was an important diminution too in the number of pig livers affected with ascaride and cirrhotic conditions.

Diseases of Animals Acts

Three cases of swine fever were confirmed in pigs slaughtered at the abattoir during the year. In each case the appropriate disinfection measures were carried out and the carcases and offals inciperated

Post mortem examinations were made on all animals which had died either in the lairages or in transit. In all cases where notifiable diseases were suspected blood smears were taken for pathological examination. No case of notifiable disease was discovered.

Imported Meat

Only one firm of meat importers within the city occupy premises outside the Corporation's Wholesale Meat Market.

Routine inspections are carried out daily by the meat inspectors and during the year 3,918 lbs. of frozen meat and offals were found to be unfit for human consumption. Storage deterioration rather than disease was the chief cause for condemnation.

The conduct of the persons engaged in the handling and transportation of this meat in the meat market has generally been up to the statutory requirements.

Meat Transport

Most of the meat carried from the abattoir and meat market to the retail shops is being done by the meat transport contractors, although the amount of meat being carried by butchers in their own vans is on the increase. In a few cases it has been necessary to make representations to improve vehicles so that they conform to the Food Hygiene Regulations, etc.

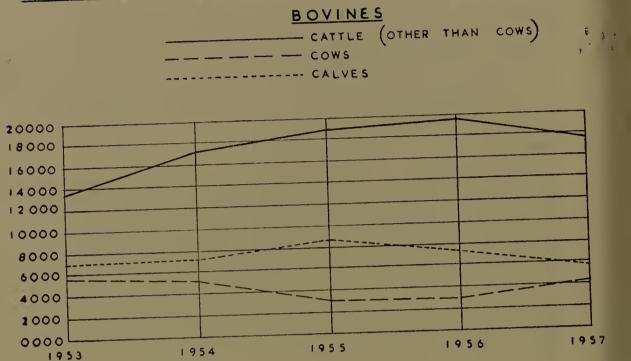
All persons engaged have generally complied with the provisions relating to headcoverings, overalls and general cleanliness of persons and vehicles.

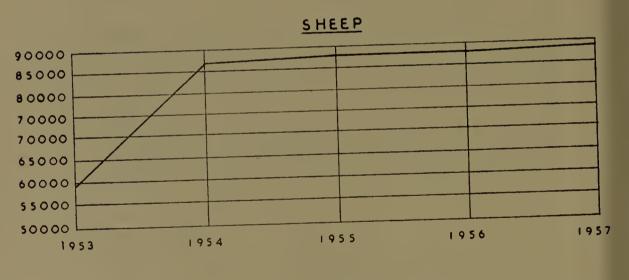
General

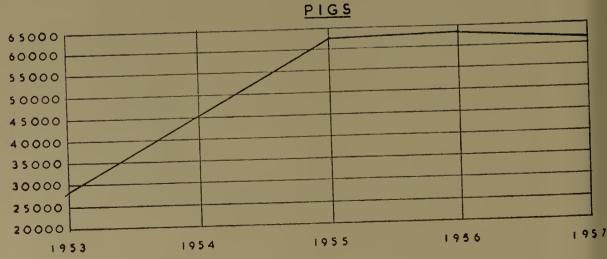
Due to the staff shortage of full-time meat inspectors, it was necessary, for much of the year, to operate a rota system of abattoir duties among the food and drugs and district inspectors, and to them much credit is due for maintaining a hundred per cent inspection service. Towards the latter end of the year two new full-time meat inspectors were appointed to commence duties early in the new year.

The meat inspectors continue to supervise the collection of pharmaceutical products and the ancillary trades carried on at the abattoir, such as hide and skin collection, tripery, bye-product plant, etc.

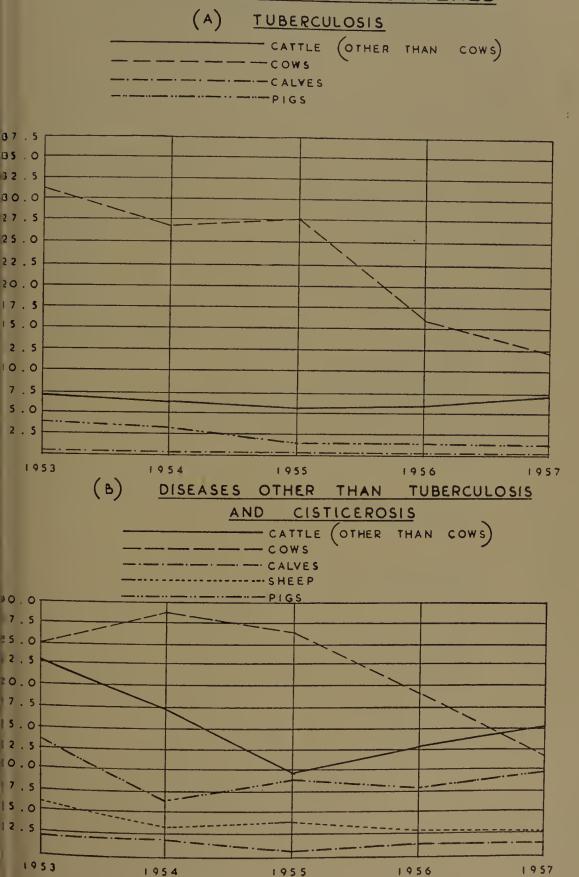
GRAPHICAL REPRESENTATION OF ANNUAL KILL AT THE PUBLIC ABATTOIR







GRAPHICAL REPRESENTATION OF PERCENTAGE OF DISEASE INCIDENCE IN ANIMALS SLAUGHTERED



SUMMARY OF INSPECTIONS OF SLAUGHTERED ANIMALS, COVENTRY PUBLIC ABATTOIR, 1957 Carcases and Offal Inspected and Condemned in Whole or in Part

ses and Onai Inspecto						
	Cattle exclud- ing Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
No. killed (if known)	17,211	4,031	5,714	88,467	62,162	_
No. inspected	17,211	4,031	5,714	88,467	62,162	
All diseases except Tuber- culos and Cysticerci						
Whole carcases condemned	. 3	15	30	57	51	
Carcases of which some part or organ was condemned	. 2,585	451	32	1,840	4,904	_
Percentage of the numbe inspected affected with desease other than tuber culosis and cysticerci		11.56	1.08	2.14	7.97	7
Tuberculosis only Whole carcases condemned	. 12	27	4	-	- 2	
Carcases of which some part or organ was condemned	1,232	468	3 11	-	- 68-	4
Percentage of the number inspected affected with tuberculosis	er 7.22	12.25	.08	3 -	1.1	0 -
Cysticercosis Carcases of which some part or organ was condemned	77	7	2 -		_	_
Carcases submitted to treatment by refrigeration	1;	3 _	_	_		_
Generalised and totally condemned			_ _			-

Diseases (Other than Tuberculosis) affecting Whole Carcases

137

Disease—Cendition	Oattle other than Cows	Cows	Calves	Sheep	Pigs	Total
Malignant Neoplasms . Extensive Injuries		8 — — — — — — — — — — — — — — — — — — —	10 3 3 1 1 2 - 3 2 - 2 2 - 1	18 13 6 11 4 - - - - - - - - -	8 - 13 12 - 3 1 - 2 - 3 3 - 2	35 10 29 15 7 15 7 1 2 5 2 6 3 3 3 5 1 2
Total	3	15	30	57	51	156

Diseases and Conditions (Other than Tuberculosis) Affecting Parts or Organs Encountered During Inspection of all Animals During the Year

Disease—Condition	Cattle other than Cows	Cows	Calves	Sheep	Pigs	Total
Fatty infiltration Pigmentation Pigmentation Emphysema Pleurisy Pneumonia Pericarditis Cirrhosis-hepatitis Enteritis Mastitis Arthritis Nephritis Peritonitis Abscess Hæmorrhage Tumours Augiomata Johne's Disease Actinomycosis—bacillosis Fascioliasis Strongylosis Echinococcus Pentastomes etc. Fractures, injuries, etc. Rash Bacterial necrosis Fat necrosis	2	3 5 2 6 25 6 6 3 12 18 - 9 79 113 3 5 207 75 16 119 - 34 4 11 - 1 2 1	- 3 - 4 11 3 2 3 5 - 1 2 1 	87 3 46 95 12 15 3 2 13 75 6 — 661 69 166 542 12 — 1	1 1 2 398 2661 541 628 17 12 32 235 29 4 2 ————————————————————————————————	6 93 17 7 538 2810 646 666 81 35 15 53 532 1129 14 25 235 120 230 1917 69 305 573 65 17 7 5 5 3

Eradication of Bovine Tuberculosis

	Advanced	Non- Advanced	Total
Animals slaughtered under the provisions of the Tuberculosis Order, 1938/46	12	4	16
Animals slaughtered under the provisions of the Tuberculosis (Slaughter of Reactors) Order, 1950	1	103	104

Tuberculosis in Calves

Congenital Tuberculosis in calves slaughtered	Cases observed	Cases reported to the Ministry of Agriculture, Fisherics and Food	Affected dams clinically healthy	Dams not traced
at the abattoir.	5	4	0	1

Pharmaceuticals.

	Liver—unfit for food but suitable for processing.	Pancreas.	Spinal Cords.	Thyroids.
Cattle	50,500	12,387	7,132	84
Calves	_	92	_	-
Sheep	_	-	_	_
Pigs		542	_	_

Imported Meat—Condemnations

-					
Bone Taint		 		113	lbs.
3.6 1.1		 		2,906	
Decompositi	on	 		133	
Malodour		 		1 -	lbs.
Rancidity		 		77	
Store burn		 			lbs.
Tyrosin dep	osits		• • •	433	lbs.
				3,918	lbs.

Classified Summary of Inspections Carried Out by Meat Inspectors

Ante and post mortem examinations of animals slaughtered 177,585 Post mortem examinations of animals dead on arrival or in ... 29 Inspections of country dressed carcases 126 Re-inspections of home killed meat ... 39 Detailed inspections of imported meat 28 Inspection of canned meats ... 58 Inspection of poultry and game 16 Inspections of meat carrying vehicles (Public Health Meat Regulations) 3,180

MILK

48

Inspections under Public Health Acts

It is estimated that the quantity of milk consumed daily in the City is approximately 34,000 gallons, comprising:—

	gallons.
Milk from farms in the city	500
Milk from farms within 25-30 mile radius	22,000
Milk from Distributing Depots	11,500
The 34,000 gallons are made up as follows:—	
Pasteurised Milk	2151,1000
Tuberculin Tested Pasteurised Milk	3,750
Tuberculin Tested Milk	150
Channel Island T.T. Milk	1,350
Sterilised Milk	3,750

No complaints were received during the year respecting sour milk, which indicates that general conditions of cleanliness and

efficiency in the processing dairies are being maintained.

Approximately 1,600 gallons of milk were supplied daily to city schools, this being served to 38,000 children per day. The milk has been frequently sampled and submitted for chemical and bacteriological examination and the results have shown good standards of quality and cleanliness and safety throughout the year. No complaints have been received respecting school milk and the condition of the milk bottles, and regular delivery have been satisfactory.

PURVEYORS OF MILK

Number of retail purveyors selling milk within the city:-

		1956.	1957.
(a)	residing in the city	71	74
(b)	residing outside the city	44	48
	Number of retail purveyors		
	selling bottled milk only from		
	shop premises	419	420

During the year 573 inspections were made of dairies and milk shops and of milk vehicles.

All the dairies were inspected during the year and conditions were generally found to be satisfactory.

DESIGNATED MILK

The Milk and Dairies Regulations, 1949/54 The Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949/53.

The Milk (Special Designation) (Raw Milk) Regulations, 1949/54.

Table setting out the number of licences issued during 1957.

Pasteurised Milk, Pasteurisers' Licences	 	7
Pasteurised Milk, Dealers' Licences	 	422
Sterilised Milk, Dealers' Licences	 	420
Tuberculin Tested, Dealers' Licenses	 	141

The seven pasteurised Licences issued include four licences to pasteurised milk by the H.T.S.T. Process and three by the holder process.

All the milk sold in the City with the exception of a small quantity of approximately 80-100 gallons of Tuberculin tested milk is either pasteurised, T.T. pasteurised, or sterilised.

Samples of milk were obtained frequently from all the processing dairies, and samples were also taken of sterilised milk processed outside the City and retailed here. Samples were submitted to the Public Health Laboratory, and the City Analyst for examination.

The number of samples submitted and the results obtained are set out below:—

D. in Aire	Samples ined.	o. ctory.	No. unsatisfactory.			
Designation.	No. of obtai	No. Satisfactor	Total Unsatis- factory.	By Methylene Blue Test.	By Phosphatase Test.	By Turbidity Test.
Pasteurised	513	498	15	_	15	-
T.T. Pasteurised	207	203	4	_	i 4	_
Sterilised	101	101	_		_	_

During the year 29 samples submitted for the Methylene Blue test were reported void as the shade temperature was above 65° F. Eight hundred and twenty-one samples of designated milk were obtained during 1957. The number of samples obtained is considerably more than last year. The percentage of samples failing the prescribed tests was 2.5% compared with 1.35% in 1956.

In connexion with the unsatisfactory samples each dairy was visited and the plant and equipment inspected and checked, the dairymen were advised and cautioned, and repeat samples taken.

In January and February, 1957, thirteen samples were reported by the Public Health Laboratory to have failed the phosphatase test, these were obtained from 3 processing dairies, and extensive investigations were carried out involving splitting of samples and testing at various laboratories, checking of indicating and recording thermometers and thorough inspection of plant and processing methods. Investigations did not reveal any cause for the failures of the milk to pass the phosphatase test and at one dairy concerned, its own laboratory, and also an outside analyst who takes weekly samples, reported no failures.

Over a period, samples were split four ways in an endeavour to ascertain the cause of the repeated failures, but no definite results were obtained, and since March no more failures have been reported from this dairy. In December a similar set of circumstances arose, two other dairies being involved. In one instance however, it was found that a mechanical fault in the plant was the cause of the unsatisfactory sample.

In the other case of two consecutive unsatisfactory samples no reason for these failures could be ascertained, and again the firm's own laboratory have always found the milk satisfactory and samples tested by them from the same batch of milk passed the phosphatase test.

ICE CREAM

Food and Drugs Act, 1955

Ice Cream (Heat Treatment, etc.) Regulations, 1947—1952

The number of premises registered for the manufacture, storage, and sale of ice cream within the city at the close of the year, together with comparative figures for recent years are as follows:—

		1954.	1955.	1956.	1957.
No. of premises registered					
manufacture and sale		68	51	53	38
No. of premises registered	for				
storage and sale only		725	749	790	819

During the year inspections of premises and vehicles were made and samples of ice cream submitted to the laboratory for examination for bacteriological cleanliness in accordance with the Ministry's provisional grades.

The samples were graded as follows:-

Grade Grade		112	Satisfactory
Grade Grade	3	14)	Unsatisfactory

Most of the unsatisfactory samples were obtained from vans, and others from Cafes and shops.

Investigations were made and the failures were found to be due to inefficient sterilisation of utensils, unsatisfactory storage, and methods of handling. In all cases the manufacturers' methods and premises were also examined and samples taken in course of production. Manufacturers and shopkeepers were advised re cleanliness and sterilisation.

It is interesting to note that the percentage of unsatisfactory samples is the second lowest since the Ice Cream (Heat Treatment) Regulations, 1947, came into force.*

Table of Comparison of Ice Cream Samples taken 1950—1957

	No. of Samples	No. Satisfactory	No. Unsatisfactory	% Unsatisfactory
1950	139	96	43	31%
1951	142	112	30	21%
1952	221	165	56	25%
1953	116	92	24	21%
1954	85	54	31	37%
1955	73	63	10	14% *
1956	15	10	5	331%
1957	148	126	22	14.8 % *

Tables showing details of work carried out by the Food and Drugs Inspectors during the year 1957.

Visits in Connection with Food Inspection

Food Shops		• • •	 		778
Food Preparing	Premises		 		16
Abattoir			 		143
Food and Drugs			 	• • •	9
Other Premises			 		331
Cottagers Pigs			 		7

Visits to Premises

		Tot	al:	6,891
Miscellaneous		•••		2,161
1 oou 1 oiboning				91
Food Poisoning Visits				709
Markets		• • •		34
Food Preparing Premises				623
Other Shops				703
Butchers Shops				410
Registered Shops (Ice Crea	m)			2 I 2
Registered Shops (Cooked				15
Registered Shops (Fish Fri	iers)			55
Schools				2
Hawkers				19
Milk Shops (Personal Reg.))			100
Dairies ··· ··				473

FOOD AND DRUGS ACT, 1955

Premises registered under Section 16 of the Act for the Manufacture, Storage or Sale of Food

This section prohibits the use of premises for the manufacture or sale of the undermentioned foods unless the premises are suitable for the purpose and are duly registered by the local authority.

- (a) The sale or manufacture of ice cream or the storage of ice cream intended for sale; or
- (b) The preparation or manufacture of sausages, potted, pressed, pickled or preserved food intended for sale. (The preparation of meat or fish by cooking is deemed to be the preservation thereof for this purpose.)

Before registration is effected the premises must comply with the provisions of the Food Hygiene Regulations, 1955, which lays down certain requirements relating to structural conditions, suitability and cleanliness which must be observed in order to prevent contamination of the food produced or sold.

The number of registered premises under the Act is set out as follows:—

	1956.	1957.
Number of premises on register, 1st January	1165	1214
Number of premises added to register during		
the year	38	44
Number of premises on register, 31st		
December	1214	1 206

Classification of Premises Registered at close of year

Premises registered for the manufacture of	1956.	1957.
ice cream Premises registered for the storage and sale	53	38
of ice cream Premises registered for the preparation or manufacture of pressed, potted or preser-	790	819
ved meat, etc Premises registered for the manufacture of	224	212
sausages only Premises registered for cooking of fish	95 52	83 54

Food and Butter Factories and Wholesale Dealers in Margarine

Number of p	premises	registered registered	as as	butter facto wholesale	ories dealers	in	19 <u>5</u> 7.
margarine		•••					31

During the year 1957, thirty-seven visits were made to the Butter Factories.

COVENTRY CORPORATION ACT, 1948

Sections 56 and 76

FOOD HAWKERS

This Act provides for the registration of all persons not keeping open shop who sell, offer or expose for sale any food from any cart, barrow, or other vehicle or from any basket, pail, tray, or other receptacle. The premises used as storage accommodation for any food intended for sale from such vehicles or receptacles are also required to be registered. In December, 1957, the number of persons on the register was forty-three, and in twenty-eight instances the premises were also registered.

During the year three applications were received from persons who wished to be registered as food hawkers. The premises were visited and were found to be satisfactory. Registration was granted in each case.

BACTERIOLOGICAL EXAMINATION OF FOOD

During the year twenty-five samples of food were submitted to the Public Health Laboratory in connection with cases of food poisoning and in respect of complaints from shops and canteens. The samples were varied and included egg albumin, cake icing, pork pies, tinned milk, poultry, tinned apricots, fish cakes, cream cakes, cheese, fish and brawn. Five samples were reported to be unsatisfactory and these were three samples of brawn, one sample of fish cake and one sample of fowl with tumours.

The three unsatisfactory samples of brawn were obtained in connection with a case of food poisoning.

Report on the Administration of the Food and Drugs Act, 1955, in relation to Sampling and Analysis of Food and Drugs for the year ending 31st December, 1957.

During the year 458 samples of food and drugs were submitted to the City Analyst who certified 380 to be genuine and 78 unsatisfactory.

The samples detailed in the table below were collected in the

following manner.

Formal Samples: 49. Informal Samples: 409.

Articles.		Total	Genuine	Unsati-factory
	- 			
Baby Foods		. 2	2	• •
		1	1 2	1 .:
Bread		3		$\begin{bmatrix} 1 \\ 3 \end{bmatrix}$
Butter		. 39	36 6	3
Crab		$\frac{7}{2}$	0	2
Cream Cakes			6	1
Cheese and Chees	se Spread	1	5	1
Coffee, Coffee and	l Chicory	7	$\frac{3}{2}$	$\frac{1}{2}$
Custard, Dessert	Powder	S 4	3	_ Z
Chicken (Minced)		. 3	2	••
Dairy Cream		: 2	Z	••
Eggs (Chinese A	Albumen	1		1
Fats (Cooking	including	r		
Lard		. 3	3	.:
Fish Cakes		. 1		1
Flour		7	7	i
Gooseberries		•1	• ;	3
Herbs and Spices			4	3
Ice Cream		7	4	3
Jellies	• • • • • • • • • • • • • • • • • • • •	. 6	6	3
Margarine Mineral Water		. 12	9	1
Mineral Water	4.50	. 2	1	1
Meat and Fish Pa		. 24	23	1
Meat	•••	. 3	2	1
Mincemeat	• • • • • • • • • • • • • • • • • • • •	$\frac{2}{2}$	2	18
Medicines and Dr		. 66	48	27
Milk		. 164	137	
Milk (Condensed)		$\frac{2}{15}$	2	6
Potatoes		15	9	0
Rice		4	4	••
Sauces and Pickl	es ·	9	9 2	
Sausages		2		••
Soups		10	10	••
Sponge Mixtures		'' Q	3	
Sugar	• • • •	$\begin{bmatrix} \cdot \\ 6 \end{bmatrix}$	6	••
Sweets				••
Suet			$\frac{2}{2}$	
Tapioca	• • • • • •	$\cdot \cdot \mid \qquad \stackrel{z}{_{2}} \qquad \mid$	$\frac{2}{2}$	•
Tea	•••	3		
Vinegar	• • • • •	$\cdot \mid \qquad \stackrel{3}{4} \qquad \mid$	3 3	1
Wines and Spirits		`` 9	9	
Others				
-	Totals	458	380	78

MILK

Twenty-seven samples of milk were reported to be unsatisfactory during the year. Details of the samples and the action taken are set out below, each case being identified by a letter of the alphabet.

Case A

This was a formal sample of hot milk taken from a cafe and was found to contain sugar. The waitress must have added the sugar before serving the inspector and as the milk was genuine apart from the added sugar, no action was taken.

Case B

An informal sample of milk was reported to be deficient of 70% fat. Investigation proved that the deficiency was due to breakdown of agitator in balance tank. This was repaired immediately and the milk was then found to be satisfactory.

Case C

This was an informal sample taken from a churn of milk delivered to a local canteen. The manageress complained of small pieces of black material floating in the milk. The analyst reported that the black particles were of rubber. Investigation revealed that these particles of rubber came from defective rubber washers on the churn filling machine. New washers were installed and no further action was necessary.

Cases D, E and F

In these cases five informal and two formal samples of milk were all reported to be deficient of solids not fat but the freezing point test did not indicate the presence of added water. The farmer was notified in each instance and advised to improve the standard of his milk.

Case G

In this case three informal samples were obtained from churns on delivery to a local dairy. The analyst reported that all samples were deficient of fat and solids not fat and the freezing point test indicated the presence of 2% added water in one of the samples. Three formal samples were obtained and were found to be genuine. Further samples will be obtained in the future.

Case H

This was an informal sample taken from a consignment of three churns and the analyst reported that one churn was deficient of 26.6% fat. A sample of bulk milk from the three churns gave a deficiency of 2.3%. The farmer was notified of this result and advised to improve the standard of his milk.

Case I

Seven informal samples of Channel Island milk were taken from a consignment of seven churns and four of the samples were slightly deficient of fat. The farmer was notified of the results and advised to improve the standards of his milk and further samples will be obtained.

Case J

Ten informal samples of Channel Island milk were obtained and one of the samples was deficient of 10.7% solids not fat and 24.6% fat and the freezing point test indicated approximately 10.4% added water. Another of the samples was deficient of 8.4% solids not fat and the freezing point test indicated 7.2% added water. Formal samples were obtained and one of the formal samples was found to be deficient of 1.85% solids not fat and to contain 1.3% added water. The farmer was notified of these results and advised to take all precautions to prevent a recurrence.

Case K

Five informal samples of milk were obtained on delivery to a dairy and the analyst reported that all the samples were deficient of solids not fat and in three instances the freezing point test indicated the presence of added water. Formal samples were obtained at the farm and were found to be genuine but further samples will be obtained.

OTHER FOODS

With respect to the remaining fifty-one samples of food other than milk found to be unsatisfactory, details of action taken in each case are set out below.

Boric Acid Ointment

Two informal samples were obtained and reported to be deficient of 17% and 12% boric acid respectively. Formal samples were taken and reported to be genuine.

Balsam of Aniseed

This was a formal sample obtained in connexion with an unsatisfactory informal sample and the analyst reported that the sample was deficient of acetic acid. The label did not state whether the acetic acid was B.P. and also did not state the amount in w/w or w/v. A letter was sent to the firm concerned asking for their comments and suggesting that they amend the label. A reply was received stating that this will be carried out and a copy of the amended formula was attached.

Bread

This was an informal sample of bread brought to the office by a householder and was submitted to the analyst in connexion with an outbreak of "rope" in a bakehouse. The bakehouse in question was visited and the premises and utensils were cleaned and disinfected. The baker was advised to use more acetic acid in his bread until the outbreak had subsided.

Butter

Two informal samples of butter were reported to contain excess moisture and formal samples were obtained. One was reported to be genuine and the other to contain 0.2% excess water. The vendor was cautioned.

Cheese Spread

The analyst reported that in two samples of cheese spread the labels were unsatisfactory in respect to the declaration of fat content on total dry solids. Letters were sent to the manufacturers and the labels were amended.

Cough Mixture

This was a formal sample obtained in connexion with an unsatisfactory informal sample and the analyst reported this was unsatisfactory being deficient of chloroform and the label did not state whether the chloroform was w/w or w/v. A letter was sent to the manufacturers asking for their comments and suggesting that they amend the label. A reply has been received stating that this product must be at least three years old as the labels were amended at that time, and this would account for the loss of chloroform probably due to volatilisation. A copy of the amended label was enclosed with the letter and the firm stated that this was approved by the Pharmaceutical Society before being introduced. The shopkeeper has been asked to surrender the remainder of the stock.

Cream Buns

These were two informal samples obtained from shops in the city and the analyst reported that the fat in the cream was palm kernel oil. These facts were reported to the Health Committee who decided to issue a statement to the press notifying shopkeepers that the sale of this type of cream bun was an offence under the Food and Drugs Act unless a notice was displayed in the shop to the effect that the filling was imitation cream.

Custard Powder

These were two informal samples and the analyst reported that the labels were unsatisfactory as there was no positive declaration of contents. A letter was sent to the manufacturers who replied to the effect that new labels would be printed when existing stocks were finished and the new label would comply with the requirements of the Food Labelling Orders. Under these circumstances no further action was considered necessary.

Fish Cake

This was a sample submitted for examination of a stained area on the fish cake and the analyst reported that the staining was caused by lead contamination. The manufacturers of the fish cake were notified and a representative was interviewed and the possible sources of contamination were discussed with the Chief Inspector, The representative gave an assurance that all precautions would be taken in the manufacture to prevent any recurrence of this type of contamination.

Glycerine, Lemon and Honey

This was an informal sample and the analyst reported that the label was unsatisfactory in that it contained the statement "purified honey B.P.". A letter was sent to the manufacturers who agreed that the label was unsatisfactory and submitted an amended label which complied with the labelling requirements.

Bottled Gooseberries

This sample was obtained from a school kitchen and the analyst reported that the gooseberries were fermented and unfit for human consumption probably due to inadequate sterilisation. The remainder of the bottles of gooseberries were removed from the kitchens and the contents destroyed.

Dried Parsley, Dried Sage, Dried Thyme

These were three informal samples of herbs obtained from the same shop. The analyst reported all three samples to be unsatisfactory. Three formal samples were obtained and the analyst reported these to be satisfactory and no further action was taken.

Indian Brandee

This was a formal sample taken in connexion with an unsatisfactory informal sample reported to be deficient of spirit of ether nitros. A letter was sent to the manufacturers and an extract from their letter is quoted below:—

"We have asked the advice of the Secretary of the Pharmaceutical Society regarding this preparation, as we do appreciate that the inclusion of Sp. Ether Nitros. B.P.C. in the formula and its declaration on the label, as one of the ingredients from which it is undoubtedly compounded as declared, is likely to give rise to similar comments as this by other analysts.

"We are advised that as the decomposition products of the Sp. Ether. Nitros. have no medicinal value, and only give the distinctive flavour to the preparation, the formula and the label should only include the active ingredients, namely:—Glycerin, Sp. Chlorof., Tinct. Cardam. Co., Menthol. This advice will be acted upon in the printing of new labels."

Under these circumstances no further action was taken.

Ice Cream

This was an informal sample reported to be deficient of 6.6% skim milk solids. The vendor was interviewed in this case and advised to alter the constituents. He increased the amount of milk solids and a further sample was found to be genuine. No further action was taken,

Ice Cream and Lollipop

The sample of ice cream was brought to the office by a member of the staff who stated she had purchased the ice cream from a local shop. An inspector visited the shop and found that the ice cream had been contaminated with dirt that had apparently dropped from some ice lollipops which were also stored in the refrigerator. A sample of an ice lollipop was also taken and the analyst reported that both samples contained visible dirt and sporing fungus. The vendor was interviewed and advised to clean the refrigerator and to take precautions to stop any future contamination.

Liver

This was an informal sample of liver submitted for analysis following complaints from local butchers of crystalline spots on imported New Zealand lambs' livers. These were found to be Tyrosine crystals. The consignment of liver was condemned.

Margarine

An informal sample of margarine which claimed to contain 10% butter, was reported by the analyst to be deficient of 23% of the declared butter content. A formal sample was obtained and the analyst reported that the sample was deficine of 28% of the stated butter content. The manufacturers were prosecuted and fined £5 and costs.

Margarine

This was an informal sample of margarine and the analyst reported that it contained 3.2% excess water. A formal sample was obtained and found to be genuine.

Meat Paste

This was an informal sample and the analyst reported that the words 'meat paste' were not clearly visible on the label. A letter was sent to the manufacturers who stated that this matter had already been reported to them by other authorities and a new label had been printed and would be in use in the near future. A copy of the new label was sent with the letter and this is quite satisfactory.

Mineral Water

This was an informal sample brought to the office by a householder and contained suspended matter. The analyst reported that the contamination was yeast growth. The manufacturers' premises were visited and they were advised to ensure that efficient sterilisation of pipe lines and filling plant was carried out in the future.

Oil

This was an informal sample of oil submitted to the analyst at the request of a fish frier who had purchased a large quantity and wished to ascertain if it was suitable for frying purposes. The analyst reported that this oil was mineral oil and unsuitable for use in the preparation of food. The fish frier was notified of this result and gave an undertaking that the oil would not be used for frying purposes.

Potatoes

These were six informal samples taken from the Wholesale Market and the analyst reported that arsenic was present on the potato peel in quantities varying from 0.04 parts per million to 0.30 parts. This matter was reported to the Ministry of Agriculture and Fisheries.

Ammoniated Tincture of Quinine

Two informal samples were reported by the analyst to be deficient of 24.7% of ammonia in one instance and in the other deficient of 16% quinine. Two formal samples were found to be genuine.

Children's Teething Powders

These were two informal samples and the analyst reported unsatisfactory weight variation. This information was passed to the Weights and Measures Inspector.

Children's Teething Powders

These were two informal samples, obtained from different shops, of the same product and both were reported to be deficient of 17% Bromvaleton and one sample unsatisfactory weight variation. A formal sample was obtained and found to be satisfactory. The question of unsatisfactory weight variation was referred to the Weights and Measures Department.

Teething Jelly

This was an informal sample of babies teething jelly and the analyst reported that the sample contained potassium nitrate 2.33% and glycerol 33.4% and complied with the formula as stated on the label. He commented in his report that he thought that the incorporation of a material such as potassium nitrate as a soothing teething jelly for tiny infants may be fraught with danger as it is well known that nitrate ingestion by infants is likely to lead to cyanosis and possibly subsequent death. In view of these comments the matter was referred to the Minister of Health who took the matter up with the manufacturers of this product. On the 23rd December the manufacturers notified this Department that acting on the recommendations of their medical adviser a trial batch of a reformulation of this teething jelly was prepared and the Minister of Health advised accordingly.

Tincture of Iodine B.P.

Three informal samples were reported to be unsatisfactory, in one case deficient of 17% iodine and in the other cases there was an excess of iodine and potassium iodine. In each case the stock was withdrawn from sale.

Yeast Tablets

These were four informal samples and the analyst reported in every instance excess arsenic and copper contamination. Formal samples will be obtained.

Analysis of Sample Results

Percentage of samples found to be adulterated Percentage of samples found to have labelling	13.3%
contraventions Percentage of samples found to be unfit by reason of	2.4%
rancidity, infestation, etc	1.3%
Total percentage of samples found to be unsatisfactory	17.0%

INSPECTION OF FOOD AT MARKETS, SHOPS AND STORES

During the year 3,455 inspections were made of markets, shops, and stalls, etc., where food is prepared, stored or exposed for sale. Of this number 1,285 visits were made for the purpose of examining food to ascertain its fitness or otherwise for human consumption. In the cases where food was found to be unfit it was surrendered by the owner and a surrender certificate was issued. The surrendered foods were destroyed locally at the refuse destructor, except where they had some value as animal feeding stocks.

The quantities of food surrendered as unfit during the year are set out below:—

Unsound Food

Total Weight of Foods Surrendered.

				Tons.	Crets.	Qrs.	Lbs.
Meat					13	2	18
And the second s				4	4	О	I 2
Poultry					5	1	26
Fresh Fruit a	nd Ve	getable:	s		11	I	10
Dried Fruit							5
Other Foods		•••	• • •	I	4	2	$14\frac{3}{4}$
				6	19	I	I 3/4

CANNED FOODS

Meat	 	3,030 cans
Fruit and Vegetables	 	11,427 cans
Other Foods	 	3,100 cans

The meat referred to in this table is in addition to that condemned at the Abattoir.

FOOD HYGIENE REGULATIONS, 1955

These Regulations replace Section 13 of the Food and Drugs Act, 1938, and give the Local Authority greatly increased powers respecting premises used for the storage, preparation and sale of open food. Under these regulations "business" now includes a canteen, club, school, hospital or institution, whether carried on for profit or not, and any undertaking or activity carried on by a public or local authority.

The application of Regulation 8 of the Food Hygiene Regulations to the protection of open food on display in food premises received a serious set back by the successful appeal by a fishmonger firm against their conviction by the Coventry Magistrates for displaying fish on open counters in their shop. The regulation was thought to indicate clearly that the risk of contamination was sufficient reason to insist that open food should be protected by screening or other method. When notice was served on the firm to carry out such protective work they replied that, in their opinion, the regulation did not apply to wet fish as the nature of the food made such contamination immaterial. In this way they invoked the provision of Regulation 2.

The firm was therefore duly summoned and the Magistrates on hearing the expert evidence on both sides convicted the firm. An appeal was lodged and the hearing took place before the Lord Chief Justice and Justices Donovan and Hilbery. In their appeal counsel for the appellants submitted that, in order to convict, the Magistrates should have been satisfied that there was a risk to the Public Health for the Regulations were made under Section 13 of the Food and Drugs Act, 1955, "for the protection of public health", which were the words used to enable the Minister to make such Regulations. No such evidence of risk to the public health was given and therefore the conviction should be quashed. For the Corporation it was stated that the words "or otherwise" preceded "for the protection of public health", and these clearly referred to other regulations which might need be be made from time to time to combat a specific epidemic for instance. The Bench allowed the appeal with costs. The Lord Chief Justice stated that the legislature had clearly intended that the regulations would be made for the purpose of the protection of the public health and therefore for a prosecution to succeed it would be necessary to prove a specific danger to the public health from the exposure of food. No such danger had been proved in this case. Justice Donovan was more specific and stated that in the case of a shop where continuous coughing and sneezing took place over the food, or the food was handled by people with dirty hands, a prosecution might succeed, but in this particular case such continuous risk had not been accepted by the Magistrates in their summing-up.

However such a case would be difficult to take for the evidence would need long preparation and prolonged observation on an offending shop. Even then it might be difficult to prove that any such acts mentioned would lead to a specific case of disease and the prosecution might well fail.

Other clauses in the regulations are also affected by the judgement, for it would appear that any contravention should have a direct prejudice to the public health. The regulations need the clarification of an amending statute if they are to have the long desired effect of bringing the food premises of this country to a modern and hygienic standard.

During the year 35077 routine inspections were carried out at food premises. Sixty-eight notices were served and at the end of the year fifty-six had been complied with. Many improvements were carried out without the service of notices, in many cases being the result of informal discussions between the Food and Drugs Inspectors and the tradesmen concerned. In two instances Magisterial proceedings were instigated and fines imposed in each case, Details of these cases are reported under Magisterial Proceedings. Full details of the work carried out are set out below:—

Details of work carried out under the Food Hygiene Regulations, 1955

Number of Food Premises:

٠.		
:	cleansed and redecorated	48
:	structural repairs carried out	5
:	lockers provided	2
:	sinks provided	3
:	wash hand basins provided	73
:	hot water provided	3/4
:	refrigeration provided	6
	screening of open food provided	75
:	tables and counters covered	
	with impervious material	3
:	floors repaired or renewed	215
:	accumulations of refuse removed	
	and bins provided	I
:	absence of First Aid Kit	2
:	shop counters covered with	
	impervious material	19
	-	206

FOOD HYGIENE

During the year the department's pleasant co-operation with the St. John Ambulance Brigade has again been obtained. Two courses on Food Hygiene have been held and they have been open to trade and public alike. The attendances, while small, were useful in that they were comprised of the supervisory staffs and the coverage for different premises has been satisfactory. At the conclusion of the courses, which were given by the food inspection staff, examinations were held. Of all those who sat only one failure was recorded which is a tribute to the keenness of the participants, and the efficiency of the instruction.

Lectures to new entrants in the School Meals Service were again given and thus all people working in the school kitchens of the Corporation have received instruction at one time or another in the elements of food hygiene. I must also welcome the facilities given to us this year to speak to the Home Helps. Here is a fruitful source of propaganda for the preparation of clean food which can be applied in the homes of the people. It is propaganda by example and demonstration when they prepare food in the homes they visit which makes it doubly effective.

All requests for talks by outside organisations have again been met this year and the interest shown by such requests has been inspiring.

MAGISTERIAL PROCEEDINGS

Magisterial proceedings were instituted in twenty-two instances. In cases involving the service of two summonses in respect of contraventions of section 2 of the Food and Drugs Act, 1955, a fine of £10 was imposed on one summons and a conditional discharge was given in the case of the other.

Thirteen summonses were served in respect of contraventions of Section 8 of the Food and Drugs Act, 1955. All these related to articles of food which were sold when unfit for human consumption. Fines and costs amounting to £99 18s. 4d. were imposed upon the defendants. In one case a conditional discharge was given to the defendant for a period of twelve months. Eight summonses were served in respect of non-compliance with statutory abatement notices under sections 92 and 93 of the Public Health Act, 1936, concerning statutory nuisances found to exist in dwelling houses. The magistrates made an order in seven cases requiring the work to be done within a specified period. In the remaining instance costs of $f_{,2}$ were awarded to the Corporation in addition to an order being made for the work to be completed in a specified period. Two nuisance orders made by the magistrates during the year in respect of statutory nuisances found to exist in dwelling houses were returned to the Court for non-compliance. A fine of £2 was imposed in each instance. The orders were then complied with.

Five summonses were granted in respect of non-compliance with statutory notices served under Section 39 of the Public Health Act, 1936. A fine of £1 was imposed in each instance.

Two summonses were served in respect of non-compliance with statutory notices under Section 45 of the Public Health Act, 1936. A fine of \pounds_1 was imposed in each instance.

Magisterial proceedings were taken in respect of contraventions of the Food Hygiene Regulations, 1955. These related to (a) failure to protect food from risk of contamination, (b) absence of provision of an adequate supply of hot and cold water to a wash hand basin, and (c) absence of the provision of a sink with an adequate supply of hot and cold water or hot water at a suitably controlled temperature; also to the walls of a shop which were not kept in a clean condition. A total of fourteen summonses were served involving four premises. Fines amounting to £15 10s. od. were imposed upon the occupiers of the premises. One summons was not proved and an absolute discharge was granted to the occupier.

The occupier of one premises, against whom eight summonses were proved in the local magistrates' court for failing to protect food which was so placed as to involve risk of contamination, elected to appeal to the high court against the magistrates' decision.

On 18th October in the year under review the appeal was heard before the Lord Chief Justice and Justices Donovan and Havers. After a lengthy submission judgement was given that the appeal would be allowed with costs awarded against Coventry Corporation.

This case, which referred to a retail shop of modern design selling wet fish, game, poultry, fish products and prepared foods of a similar kind, received nation wide publicity as a result of the appeal decision. Although not primarily intended to assume the attributes of a test case the conclusions of the Lords Justices on this important issue have nevertheless had repercussions, not only far reaching but also, in my view, serious in their effect upon the future operation of this particular clause of the Food Hygiene Regulations, 1955.

NOISE

In the introduction to my last annual report I said that noise continues to be one of the more difficult environmental conditions to remedy. This still applies to what can be termed a product of the mechanical age in which we live. It has been steadily increasing for a number of years and in some cases produces almost insurmountable problems. Beside's being a product of the mechanical age it is often a product of uncontrolled planning, not only from the point of view of the situation of the premises but also from bad siting of noise producing machinery.

Frequently complaints are made concerning noise from recently installed machinery in factories which, if consideration had been

given beforehand to the proper siting of the machinery in relation to adjoining property, cause for complaint would not have arisen. Forethought on the part of planning engineers and firms involved could very often avert complaints and disturbance to the family life of nearby residents. Unfortunately, often no heed is paid to this problem and the planners concern themselves only with the best possible place to install the machinery. It is realised that often they are given little or no choice of position, but in a number of cases investigated by the Department it has been shown that had the machinery been better sited in relation to the proximity of nearby dwellings, then no cause for complaint would have arisen. Other factors involved is the reliance placed on suppliers of machinery who inform the purchasers that they are practically noiseless or that noise that they will produce will not disturb nearby residents, and the reluctance on the part of factory managements to spend money on something which will not increase the output of the factory.

Nowadays controlled planning by local authorities does much to mitigate or prevent noise nuisance. Also managements of factories are becoming alive to the fact that noise can create serious problems for themselves and so pay more attention to the installation of new machinery than they probably did a few years ago.

The problem, however, remains, and will do so for some time to come; many factories, both large and small, are closely surrounded by dwellings; machines in many cases cannot operate without noise or vibration; it is not always a practical proposition to reduce noise from a particular source and the expense involved to do so may be out of proportion to the benefits obtained. Although much headway has been made in the methods of reducing noise the advance has not reached a point where a panacea exists for all noise.

Noise has never been legislated for nationally. If certain local attempts to bring noise, in a qualified and restricted sense, within the scope of statute law are excluded, it still remains outside the scope of the public health inspector's statutory duties and the purview of the Public Health Act, 1936, where noise is not defined as, or considered to be, a statutory nuisance. The local authority can usually do no more than assume the role of sympathizer and mediator when the need arises.

In Coventry an agreement exists between the Council and the Coventry and District Engineering Employers' Association whereby joint consultations can take place between representatives of the two bodies, if this is thought necessary, over any problem arising from a complaint about noise relating to premises occupied by a member of that Association. Joint meetings have taken place on several occasions with beneficial results.

During the year under review thirty-five complaints were received concerning noise. In each instance the noise emanated from machines in factory premises. Each complaint was investigated and the matter taken up with the management of the firm

concerned often with results amounting to the complete suppression of the noise or to it being reduced to a level where it could be tolerated.

One difficult problem does, however, remain. This refers to noise and vibration from a drop forging works. Many complaints regarding this factory have been received by the Department over a number of years. Many representations, visits, etc., have been paid to the premises but owing to the nature of the work carried on very little headway has been made. During the latter part of the year the firm called in a number of consultants and have taken their advice concerning methods to reduce the noise and at the close of the year the advice given by the specialists was being put into operation and it is hoped that in the very near future a considerable reduction of noise will take place. The Department asked the Building Research Institute for assistance in the measurement of noise from this factory and it is anticipated that they will be taking measurement of noise from this factory early in 1958.

FACTORIES ACTS, 1937 AND 1948

Factories

The following tables are inserted in compliance with Section 128 of the Factories Act, 1937.

TABLE I.—INSPECTIONS.

	Number on	Number		
Premises.	Register.	Inspections.	Written Notices.	Occupiers Prosecuted
1. Factories in which Sections 1, 2, 3, 4 and 6 of the 1937 Act are enforced by local authorities	50	18		
2. Factories not included in 1, in which Section 7 of the 1937 Act is enforced by local authorities	1,138	397	22	
3. Other premises in which Section 7 of the 1937 Act is enforced by local authorities (excluding outworkers' premises)		4	1	
	1,216	419	23	••

TABLE II.—DEFECTS.

		Numb	Number of cases in which			
Particulars.		Found.	Remedied.	To H.M.	erred By H.M. Inspector	prosecu- tions were instituted
Want of cleanliness (Sec. 1)			••			
Overcrowding (Sec. 2)	••		••	• •		
Unreasonable tempr. (Sec. 3)	• •	••	••	• •	••	
Inadequate ventilation (Sec. 4)		••	••	• •	• •	
Inefficient drainage of floors (Sec. 6)	• •	••	••	• •	• •	••
Sanitary conveniences (Sec. 7)						
(a) Insufficient	• •	1	1	••		
(b) Unsuitable or defective		22	18	• •	19	
(c) Not separate for sexes		••	• •	••	••	
Other offences against the Act (Not including offences relatin to outwork)	ts g		• •	• •	••	
Totals		23	19		19	

Outworkers

During the year eleven lists were received in accordance with Section 110 of the Factories Aet, 1937, from firms employing outworkers residing in the city. Of these, six lists were received in the August return and related to seventy-four outworkers who were employed as follows:—

Making, altering or cleaning	g of	wearing	appar	el	4
Household linen					29
Making of cardboard boxes					18
Carding, etc					23

No contravention of the Act relating to outworkers' premises was observed during the year.

Bakehouses

There was a further decline in the number of bakehouses during the year, five being permanently closed down. All the five were small and in two instances were extremely old, having been in existence for probably seventy to eighty years, the chief product of these was bread. This follows the present day trend, for it is expected that within the next few years nearly all the smaller type bakehouses will disappear. During the past twenty years the number of bakehouses has decreased by forty-two.

Most of the bread sold within the city is baked in the three large mechanised bakeries where production, especially of bread, has increased during the year. Most of the remaining bakehouses are small family concerns attached to retail bread and flour confectionery businesses.

One new bakehouse was opened during the year.

A satisfactory standard of cleanliness is maintained in all bakehouses and in particular in the three large bakeries where the standard of hygiene is high.

The decrease in the number of inspections during the year, as compared with those during the preceding year, was due entirely to a shortage of staff. In only one instance was it necessary to call the occupier's attention to contraventions of the Food Hygiene Regulations, 1955.

The table below shows the number of bakehouses in the city and inspections, etc., carried out during the year:—

Number on register January, 1957		40
Number closed during the year		5
Number of changes of occupation		2
Number of new bakehouses opened during the y	ear	I
Number on register December, 1957		36
Number of inspections carried out during 1957		91

PREVENTION OF DAMAGE BY PESTS ACT, 1949 For the year 1957-1958

In accordance with the requirements of the Prevention of Damage by Pests Act, 1949, the work of rodent control has been continued throughout the year 1st April, 1957 to 31st March, 1958, by the Rodent Officer and the Rodent Operatives.

Complaints by occupiers have been investigated and treatment carried out where necessary. During the year survey inspections were made and infestations dealt with forthwith.

The work carried out by the rodent control staff is enumerated in the following table:—

TABLE 1. Investigations and Cases dealt with by the	Rouer	it Oil	1061
No. of complaints of rodent infested premises investigated		•••	136
No. of premises found to be infested (Dwelling houses)	•••	•••	50
(Business premises)			26
(Local authority)			13
No. of visits to infested premises and for purposes of S	urvey		1546
No. of cases where rats gained access to buildings from	defect	ive	
drains			11
No. of defective drains remedied			11
No. of drains examined			18
No. of premises cleared of infestation			145
			. l
TABLE II. No. of cases dealt with and work	carrie	d ou	t by
Departmental Rodent Operatives.			
No. of complaints investigated			2309
No. of premises inspected by survey (Dwelling houses)			331
(Business premises)			40
(Local authority)			236
No. found to be infested (Dwelling houses)			1668
(Business premises)			143
(Local authority)			94
No. of visits and revisits to treat infestations (Dwelli	ing hou	ises)	6064
(Busines	s premi	ises)	705
	l author		638
No. of infestations treated			1905
No. of infestations cleared			1665
27 6 6 1 1 1 1 1 1			21519
No. of instances where gas was used			Nil
NI. 6 1 6 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			408
No. of carcases found following treatment	• • •	• • •	700

The work of systematically baiting the sewers with poison was again interrupted during the year under review. The heavy demands made by the redevelopment projects upon existing labour personnel and the unsuccessful efforts to engage suitable additional men for this type of work reflected upon this branch of the rodent control services. However, it was found possible to carry out a first maintenance treatment of 22 sections of the city's main sewerage system.

No. of sewer manholes baited	1258
No. of sewer manholes where poison baits were	
taken	3136
No. of sewer manholes where no baits were taken	922

REFUSE TIPS

Wyken, Baginton, Whitley, Longford

Inspections of the above-mentioned refuse tips were carried out at monthly intervals and any infestations found were dealt with successfully. The routine inspections will be continued and a maintenance treatment carried out whenever necessary.

PET ANIMALS ACT, 1951

Twenty pet shops licences were granted during the year. Of this number seventeen were granted in the form of renewals in respect of existing pet shops, one was granted where a change of occupier had occurred in an existing pet shop, while two new licences were issued.

In one instance a pet shop was closed. One application for a licence to keep a pet shop was refused by the Health Committee on the grounds that the proposed premises were totally unsuitable for the purpose.

Before any premises are reported upon to the Health Committee for the granting of a licence the opinion of the Chief Fire Officer as to security of the premises against fire is obtained. Appreciation of the co-operation which is always afforded in this respect is recorded here.

Twenty-four visits to pet shops were made for the purposes of ensuring that the licence conditions were fully observed.

SWIMMING BATHS AND PADDLING POOL

During the year visits were made to the Public Swimming Baths, two privately owned Swimming Pools and the Children's Paddling Pool in the City.

Thitry-eight samples of water were obtained, eight for bacteriological examination and thirty for chemical analysis for residual chlorine content. Six of the bacteriological samples were reported to be satisfactory, and two unsatisfactory, but fourteen of the chemical samples were found to be unsatisfactory with a residual chlorine content of less than 0.2 parts per million.

Five of the unsatisfactory chemical samples were obtained from the Kenpas Swimming Pool. Investigations were made at the pool and arrangements made for the pool to be thoroughly cleaned out and the water and the walls treated with chloride of lime to kill the red larvae (larvae of the midge) that were present in the pool. The chlorine content was also increased. After this work was carried out, satisfactory results were obtained.

Two unsatisfactory bacteriological samples and ten unsatisfactory chemical samples were from the children's paddling pool at Binley Road, and the chlorine content ranged from zero to 0.08 parts per million. These results are an improvement on previous years, taking into consideration that this is a practically static water.

STATISTICAL TABLES AND CHARTS.

	Page
CAUSES OF AND AGES AT DEATH	165
VITAL STATISTICS OF CITY During 1957 and previous years	166
COMPARATIVE VITAL STATISTICS over a period of 10 years for Coventry, the large	
towns, and of England and Wales	167
INFANT MORTALITY	168
VITAL STATISTICS Historical Summary	1.40
COMPARATIVE STATISTICS OF THE WARDS	171
VENEREAL DISEASES	172/173
TUBERCULOSIS	
Live Register for 1957	174 174
Summary of Cases on Register	174
,, ,, Deaths notified	174
During 1957 and previous years	174
CASES OF INFECTIOUS DISEASES NOTIFIED	175
DEATHS Chart showing principal causes to Total Deaths	176
INFANT MORTALITY Chart showing Infant Mortality per 1,000 Live	
Births in Coventry, 1932-1957	169
METEOROLOGICAL OBSERVATIONS	
Rain, Sunshine	177

CAUSES OF AND AGES AT DEATH, YEAR 1957

	Tota	l Dea 1957.		rear	er 5.	er 15.	er 45.	er 65.	upwards.	Hosp.	Hosp.	other
CAUSES OF DEATH.	Males	Females	Total	Under 1 y	1 and under	5 and under	15 and under	45 and under	65 and upw	Deaths in C. & W.	Deathsin G.	Deaths in ot Inst.
1 Taperculosis R spiratory	20	10	30		}		8	16	6	• •	5	16
2. Tunerculosis Other3. Syphilitic Disease	5	3	$\frac{2}{8}$			• •	$\frac{\cdot \cdot}{2}$	$\frac{2}{2}$	 4	• • •	2	
4. Diphtheria								2	4		$\frac{2}{\cdot \cdot}$	2
5. Whooping Cough		1	1		1							1
6. Meningoeoccal Infection	1		1		• •			1			1	
7. Acute Poliomyelitis . 8. Measles	1	2	3	• •	٠٠	• •	3	• •	• • •	• •	• •	3
9. Other Infective and Para-				• •				••	• • •	• •	• •	
sitic Diseases	2	1	3			1	1	1			1	
10. Malignant Neoplasm, Stomach	37	23	60				1	25	94		0	
11. ditto Lung, Bronchus	92	5	97			111	7	54	34 36	7	8 16	6 13
12. ditto Breast		40	40				4	16	20	$\frac{1}{2}$	4	2
13. ditto Uterus		14	14			.	2	8	4	1	4	1
14. Other Malignant and Lymphatic Neoplasms	142	73	215	1	1		17	78	118	30	40	10
15. Leukæmia, Aleukæmia		11	14		1	1	6	10	6	$\frac{50}{1}$	3	18 5
16. Diabetes	4	13	17				1	5	11	1	3	6
17. Vascular Lesions of Ner-	1.0.07		050			١.١	_	0.0	102	[
vous System 18. Goronary Disease, Augina	127	146 117	273 391	• •		1	5 10	69 160	$\begin{array}{c} 198 \\ 221 \end{array}$	14 26	45 42	15 17
19 Hypertension with Heart		111	001	• •			10	100	22.21	20	42	11
Diseasc	20	21	41				1	9	31	3	4	2
20 Other Heart Disease	116	150	265				17	45	204	13	36	18
21. Other Circulatory Disease 22. Influenza		31 10	28			2	2 4	14	44	$\frac{5}{2}$	15 1	$\frac{6}{2}$
23. Pneumonia	58	43	101	21	3	2	6	25	44	8	30	15
24. Bronehitis	77	29	106	1			2	32	71	5	14	4
25. Other disea es of	34		00					0	14		9	
Respiratory Syste 26 Ulcer of Stomach and	24	4	28	• •	• •	• •	5	9	1.4	• •	9	4
Duodenum	19	6	25		1		1	13	10	4	9	2
27. Gastritis, Enteritis and			10	_	,				١.	2	~	
Diarrhoea 28. Nephritis and Nephrosis	5 8	8	13 20	5	1	i	$\begin{bmatrix} 2\\4 \end{bmatrix}$	1 7	8	2	7	3 5
29. Hyperplasia of Prostate			11			1			11	3	4	
30. Pregnancy, Childbirth,			}									
Abortion	24	1 17	$\begin{vmatrix} 1 \\ 41 \end{vmatrix}$	34	i		$\frac{1}{2}$	i	1	5	1 10	. 7
31. Congenital, Malformations 32. Other Defined and Ill-		11	41	0.2	1	-	4		1		10	1
Defined Diseases	97	88	185	78	2		12	39	54	41	92	29
33. Motor Vehiele Aecidents		8	39		3	2	17	11	$\frac{6}{31}$	20 23	1	3
34. All Other Accidents	31 19	22	53			2	$\begin{vmatrix} 6\\11 \end{vmatrix}$	14	6	25	1	
36. Homieide and Operations		1 1	00		ļ	1						
of War	1	2	3	1		1		1				• •
					1							
					-		-					-
Totals	1298	922	2220	141	14	15	160	684	1206	220	416	209
						1		1			أجسر	

VITAL STATISTICS OF CITY FROM 1933 to 1957 INCLUSIVE

			Віктнѕ.		TOTAL DEATHS REGISTERED IN	EATHS LD IN	TRANSFERABLE DEATHS.	SRABLE HS.	Z	NEIT DEATHS BELUNGING THE CITY.		TO
	Population		Vart		THE CITY	rr			Under 1 Year of Age.	ar of Age.	At all Ages.	g ce.
Y P.A.K.	to middie	Un- corrected		2		Rate		of Resident		Rate per		Rate
	yenr.	Number.	Number	per 1,000 popu- lation.	Number.	per 1,000 popu- lation.	in the City.	in the City.	Number.	Nett Births	umber.	r,000 popu-
1039	184 500	9 596	9 480	13.4	1 844	6.6	103	95	160	64.5	1,837	6.6
1934	181 900	2,585	2.521	13.6	1.865	10.0	125	116	144	57.1	1,856	10.0
1935	190,000	2,843	2,750	14.4	1 852	5.5	120	112	158	46.5	1,844	2.6
1936	192,360	3 009	2,912	15.1	1.960	10.1	100	101	151	51.8	1.961	10.1
1937	206,500	3,306	3,254	15.7	2,154	10.4	126	128	158	48.5	2,156	10.4
1938	219,900	3,724	3,624	16.5	2,074	9.4	139	156	203	26.0	2,091	G. 7.
1939	234,000	4,155	4,155	17.7	2,179	က က က က	100	129	177	0.4.0	2,200) (C
1940	229,400	3,973	3,973	16.4	3,157	13.0	238	298	248 156	0.00	9,483	19.8
1941	193,070	3.301	3,301 2,006	1.7.1	2,097	1.01	142	27.75	249	62.3	2,076	10.5
1942	201,200	6,530 4,889	4.889	21.2	1.683	2.0	57	593	244	49.9	2,219	9.6
1944	220,400	5.46	5,466	22.8	1,664	6.9	81	583	24.5	48.4	2,166	0.6
1945	221.970	4.949	4,949	22.2	1,847	8 3	89	569	338	68.5	2,348	10.5
1946	232,850	4,326	5,225	22.4	1,856	6-1	69	299	284	54.3	2,849	10.0
1947	212,260	4,787	5,643	23.2	2,051	8.4	126	503	255	45.1	2,428	y. 9
1948	250,400	4,249	5,101	20.3	1,803	7.5	65	489	737	45.5	2,22,7	0.0
1949	254,900	3,031	4,743	18.6	1,862	00 0	119	560	145	39.68	2,433) () ()
1950	256,800	3.030 6.676	4,450 4,996	16.7	1.004 0 176	ο α ο φ.	00	608	154	35.6	2,085	10.4
1951	261,000	33.3	4,159	- 52	1 836	7.0	94	605	132	31.7	2,347	8.9
1953	263,000	3,524	4,250	16.1	1,952	7.4	88	873	142		2,237	8.5
1954	264,600	3,465	4.171	15.76	1,938	7.3	100	336	127	30 4	2,174	20.00
1955	267 300	3.576	4 300	16.09	2,133	C.S.	123	314	120	27.9	2,324	- c
1956	272 600	3.876	4,640	17.02	2,131	2.8	118	241	124	25.7	507,2	000
1957	277 300	4,099	4,925	17-76	2,016	7.3	116	320	7 141	0.82	2,220	0.0

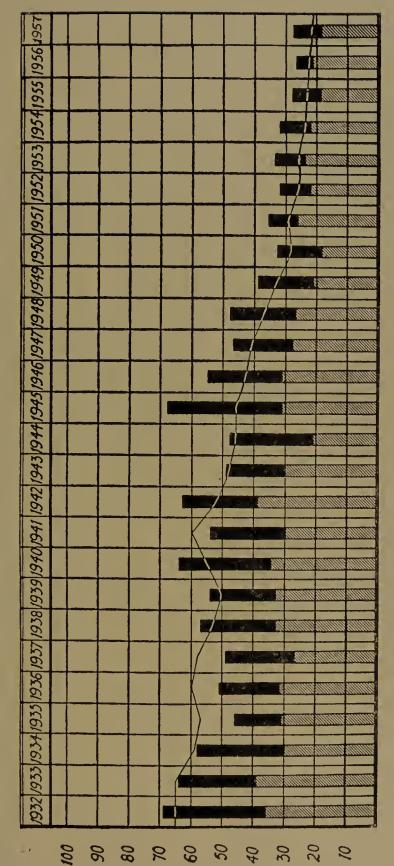
Table of Comparative Vital Statistics over a period of ten years for Coventry and England and Wales.

	Birth	RATH	Death	RATE	Infan Mortali	
	Coventry	England and Wales	Coventry	England and. Wales	Cov ntry	England and Wales
1948	20.3	17.9	8.8	10.8	45	34
1949	18.6	16.7	9•4	11.7	39	32
1950	17.3	15.8	9.4	11.6	3 3	30
1951	16.7	15·5	10.4	12 5	3 6	30
1952	15 9	15.3	8.9	11.3	32	28
1953	16.1	15· 5	8.5	11:4	33	27
1954	15.76	15.2	8.2	11.3	30	25
1955	16.09	15 0	8.7	11.7	28	25
1956	17.02	15.7	8· 3	11.7	27	24
195 7	17.76	16.1	8.0	11.5	29	23

Deaths from stated Causes at various Ages under One Year.

	6—9 Months. 9—12 Months. Year.	11 7 141		:	:	:	:	:		:	:	:	:		•	_	: 14		:	:	6 1 34	:		:	:	:		65	1	
	.adinoh 2-1	12 12		:		:	:	:		_	•			: ~		:	: °		: - :	:	9	:		:	:	:		: 07	-	the second secon
	Total under 1 Month.	66			:	:	:	:	:	:	:	:	:	::	1	:	: *	-	:	:	18	:	35	2	:			10:	C.4	
	————— 3—4 Weeks.	eo :		:	:	:	:	:	:	:	:	:	:	: 0	۔ د	:	:	:	:	:	; ;	:	:	:	:	:		:	:	of the second
	2—3 Weeks.	4:		:	:		:			:	:	:	:	:	:	:	:	:	:	:	က	:	:	:	:	:		: -	4	-
	1—2 /Vеекs.	10			:	:	:	:	:	:	:	:	:	: 0	0	:	:	_	:	:	CZ	:	:	:	:	-		: 0	0	
	Total under 1 Week.	85		:	:	:	:	:	:	:	:	:	:	: 11	c	:	:	:	:	:	13	:	35	5	:	6		: 4	OT	
	5—6 Days.	- :		:	:	:	:	:		:	:		:	:	:	:	:	:	:	:	1	:	:	:	:	:		:	:	
	4—5 Days.	41 :		:	:	:	:	:	:	:	:	:	:	: "	7	:	:	:	:	:		:		:	:	:		:-	-	
ı	3—4 Days.	es :		:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	.=	2	:	:	:		:-	-4	
	23 Days.	12	_	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	2	:	7	:	:	-		:	7	
	1-2 Days.	92 ::		:	:	:	:	:	:	:	:	:	:	: "	#	:	:	:	:	:	23	:	9	1	:	က		:`	5 :	
	Under 1 Day.	42		:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	7	:	19	4	:	22		::	-	
	CAUSE OF DEATH.	All Causes { Certified Uncertified		:	Cough	:	Tuberculosis of Nervous	System Tuberculosis of Intestines	and Peritoneum	Other Tuberculous Diseases	Syphilis	Meningitis	Convulsions	Bronchitis	Fneumonia	Other Respiratory Diseases	Inflammation of Stomach	Diarrhosa and Enteritis Hernia: Intestinal	Obstruction	ns	Congenital Debility and Selerema	: :	ure Birth		bilicus	Atelectasis	in Bed and not	:	Other Causes	

CHART SHOWING THE INFANT MORTALITY PER 1,000 BIRTHS IN COVENTRY.



The Infant Death Rate per 1,000 births is represented by the chimneys, the shaded portion of which represents the death rate amongst babies under four weeks of age (i.e., the neo-natal death rate)

The Infant Death Rate for England and Wales is represented by the line

VITAL STATISTICS. (Historical Summary).

	VIIAL	~	STICS.	(IIIsto		illialy).	
Year.	Houses Inhabited (December)	Vacant.	Popula- tion (Mid-year)	Mortality	Infectious Mortality	Deaths under one year per 1000 born.	Birth Rate
1801	/ 2,930	*60	16,034		••	•	
1821	3,729	*114	21,448	• •		• •	
1831	5,444	*421 *590	27,298	• •	1		
1841	6,531	390	31,032		l'en Years	' Average	
1851	7,783	*151	36,812	27	1		
1861		* 1,026 *816	40,936	25 22	1	••	
1 871 1881	8,535 0,230	*643	37,670	20	3.3	150	35.4
1891	9,239 11,465	*284	52,724	18.5	1.7	142	32.0
1901	15,571	353	69.978	16.96	1.0	153'7	29.8
1911	23,515	95	106,349	13.4	1.4	100.3	28.0
1921	28,355	502	128,157	11.3	0.7	83.6	23°2 15°7
1931	41,275	917‡	167,083 258,211	10 7	0.17	67·7 52·4	18.0
				16.8	1 1.8	157	31.3
1897	23,515	73 95	61,234	13.3	2.08	109.8	26.9
1911	24,590	50	111,166	11.9	1,32	76.1	26'4
1913	25,051	113	115,064	11'4	0.84	91.6 84.6	26.0
1914	25,860	99	119,003	11.4	0.70	87.8	23.8
1915	26,667	56	122,982	10.0	I'23	87.5	23.2
1916	27,366 27,531	τ5	130,000	10.4	0.47	78.5	20.3
1917	27,735	25	133,000	14.6	0.42	92.2	20.7
1919	27,829	20	136,000	9,3	0.35	82.8	18.3
1920	27,973	48	130,000	9.8	0.35	76°0	22.I
1921	28,355 28,661	502‡	128,157	10.6	0.34	79.3	18.0
1922	29,414	40	130,500	9 3	0.50	64.9	16.9
1924	29,685	90	132,000	9.6	0.10	79'4	16.0
1925	30,199	83	133,500	10.6	0.30	77°1	15°7
1926	31 034	III	135,000	9'7	0.12	63.4	14.8
1927	32,260	151	161,600		0.34	65.7	14'4
1920	39,374	750	163,700	12'I	0.63	73°I	14.8
1930	40,519	800	165,800	10,1	0'32	57.0	145
1931	41,275	917	168,900	10,0	0,10	57.7	14'8
1932	45,781	1000	182,000	9'4	0,33	61.2	13.4
1933	47,175	1500	184,900	10.0	0.12	57'1	13.6
1934	50,622	1854	190,000	9'7	0.19	46.2	14'4
1936	54,273	1361	192,360	10.1	0'20	51.8	15.1
1937	57,888	1606	206,500	9.5	0.13	48°5 56°0	15.7
1938	61,580	1316	229,900	9 5		54.6	17.7
1939	_	-	229,400	13.3	3.11	63.0	164
1941	-	_	193,070	12.8	0 2 1	54.8	17.1
1942	-	1	207,200	10.5	0.07	62'3	19.3
1943	65.006	_	214,870	9.6	0.23	49.4	24.8
1944	65,926		221,970	10.2	0,30	68.2	27.3
1945			232,850	10.0	0.35	54'3	22.4
1947	68,900	_	242,860	6.9	0.18	45° I	23.5
1948	69,950	_	250,400	8 8	0.11	45.5	18.6
1949	70,550	_	254,900 256,800	9 4	0.06	32.6	17.3
1950 1951	72,497	_	258,100	10.4	0 03	35.6	16.7
1952	73,828	265	261,000	8 9	0.05	31.7	15.9
1953	76,150	157	263.000	8.2	0.04	33.4	16.1
1954	76,458	95	264.600		0.015		15.76
1955	79,369	400	267.300	8 7	0.026		17.03
1956	82,089	500	272,600 277,300		0.032		17.76
1957	84,000	750	277,300	8.0		2 28.6	

^{*} This number includes all business offices, whether in dwelling houses or factories.
not occupied on the night the Census was taken.
† This number omits all business offices, factories, etc.
† The Census returns show unoccupied "dwellings"—not houses.
• In these years an extension of the City Boundaries took place.

171
Comparative Statistics of the 16 wards in the City for 1957

Wards	R.G's. Estimated Population, 1957	Acreage	Density per Acre	Number of Deaths Registered	Death Rate, 1957	Number of Births *Registered in City	Birth Rate, 1957	Number of Deaths under 1 year of age	Infantile Death Rate, 1957
Bablake	17031	1463	11.6	95	5.6 j	182	10.7	5	27.4
Charter and Binley	17848	2173	8.2	144	8.1	490	27.5	11	22.4
Cheylesmore	16764	1056	15.8	119	7.1	214	12.8	10	21.4
Earlsdon .	14987	1908	7.9	125	8.3	137	9.1	3	21.9
Foleshill	15851	645	24.5	143	9 0	199	12.6	7	35.2
Godiva	16779	559	30.0	149	8.9	283	16.9	6	21.2
Holbrooks	13792	821	16.8	108	7.8	214	15.5	5	23.4
Longford	19848	22 G	8.8	199	10.0	605	30.5	20	3 3.1
Lower Stoke	19720	849	23.2	178	8.9	25 5	12.9	7	27.5
Radford	20194	673	30.0	166	8.2	213	10.5	16	75.1
St. Michael's	17590	380	6.2	164	9.3	229	13.0	12	52 4
Sherbourne	16767	596	28.1	113	6.7	160	9 5	3	18.7
Upper Stoke	21179	826	25 6	167	7.9	227	10.7	8	35.2
Walsgrave	17463	1550	11.3	95	5.4	223	12.8	8	35.9
Westwood	18888	2118	8 9	154	8 2	320	16.9	15	46.9
Whoberley	12599	1 2 84	9.8	103	8.2	148	11.7	5	33.7

These figures do not include the inwardly transferable births (826).

VENEREAL DISEASES

Return relating to Coventry Cases Treated at the Coventry and Warwickshire Hospital, 1957

	_				Other						Tor	TOTALS.	
	168	Syphilis.	Gonorrhœs	rhœa.	Conditions	lons.		TOTAL8 1957.	20	1956.	1955.	1954.	1963.
	M.	Ħ.	M.	편.	K	표.	M.	н.	Total.				
1. No. of patients on 1st January under treatment or observation	118	148	40	6	06	46	248	205	451	481	513	559	780
2. No. of patients removed from the register during any previous year who returned during the year under report for treatment or observation of the same infection	ىر	9	:	:	:	:	ى	9	11	11	12	=	08
3 No. of patients dealt with for the first time during the year under report (exclusive of those under item 4) and fering from: A. Syphilis, Primary C. " Latent in first year of infection D. " Cardio-vascular E. " all other late or latent stages F. " all other late or latent stages H. " (over one year) I. Gonorrhea I. Gonorrhea I. Granuloma Venereum F. Lymphogranuloma Inguinale M. Any other conditions requiring treatment N. Conditions remaining undiagnosed at 31.12.57	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		: : : : : : : : : : : : : : : : : : :	: : : : : : : : : : : : : : : : : : : :	 163	1 34	1 5 10 110 110 110 1163 1163 1163	::: : : : : : : : : : : : : : : : : :	1128 123 124 124 125 126 127 127 128 128 128 128 128 128 128 128 128 128	104 104 245 3	1 :0 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11 135 135 135 135 135 135 135	66 116 116 116 116 116 116 116 116
4. No. of patients dealt with for the first time who have been transferred from other centres (civil or service) or from practitioners approved under Ministry of Health Circular 2226	73	C4	က	62	:	:	8	41	12	4	9	11	% **
TOTALS OF ITEMS 1. 2, 3 & 4	161	171	153	29	451	206	765	406	1171	1161	1239	1280	1292

F. M. F. M. F. M. F. M. F. Lotal. 1957. 107ALS.				- 5		O	Other					To	TOTALS.	
No. of patients suffering from syphilis and genorethead distochaged alter completion of treathment and these of cure, or who were cligatored as "other conditions" 11		dyc		ronor	ruosa.	Cond	tions.		1957.		1956.	1955.	1954.	1953.
No. of patients suffering from syphilis and genorehead dischaged after completion of treatment and were diagnosed as "other conditions" of patients who ceased to attend before completion of treatment and were sufficing from: No. of patients who ceased to attend before completion of treatment or ob a variation of the stand o		M.	균.	M.	£4	M.	표.	M.	- H	lotal.				
No. of patients who ceased to attend before completion of treatment and were suffering from: Acquired syphilis of less than 1 year's duration	No. of patients suffering gonorrhea discharged after cment and final tests of cure, or as "other conditions".	-বূধ	14	89	14	293	110	365	138	503	506	5 35	649	597
tion known to have died: A. From syphilis B. From treatment C. From treatment No. of patients transferred to other centres or Institutions or to private practitioners No. of patients remaining under treatment or No. of patients remaining under treatment or No. of patients remaining under treatment or No. of patients transferred to other centres No. of patients transferred to other centres No. of patients remaining under treatment or No. of patients transferred to other centres No. of patients remaining under treatment or No. of patients remaining under treatment or No. of attendances: No. of attendances: No. of attendances: A. From the patients transferred to other centres No. of attendances: No. of attendances: A. From the patients transferred to other centres No. of attendances: A. From the patients transferred to other centres No. of attendances: A. Forindividual attention by the medical officer(s) No. of attendances: A. Forindividual attention by the medical officer(s) No. of attendances: A. Forindividual attention by the medical officer(s) No. of attendances: A. Forindividual attention by the medical officer(s) No. of attendances: A. Forindividual attention by the medical officer(s) No. of attendances: A. Forindividual attention by the medical officer(s) No. of attendances: A. Forindividual attention by the medical officer(s) A. Fori	of patients who ceased to attend letion of treatment and were suffering fraquired syphilis of less than 1 year's du longenital syphilis of more than 1 year soluments as your 1 year over 1 year	:::::	: :::		:::::	:::::		:::::	:::::	:::::	::::		141 12 2 2 2	O1 69 ; 10 69
A. Syphilis who defaulted after completion of treatment but before final discharge		:::	:::		:::	:::		:::	:::	:::	:::	:::	::9	: : "
No. of patients transferred to other centres or institutions or to private practitioners 16 6 8 1 30 10 54 17 71 No. of patients remaining under treatment or observation on 31st December, 1957 131 139 51 10 103 64 285 213 498 Totals Or Items 5, 6, 7, 8 & 9 161 171 153 29 451 206 765 406 1171 No. of attendances:— A. For individual attention by the medical officer(s) 2327 1760 762 69 1696 542 4785 2371 7156 B. For intermediate treatment, e.g., dressings, etc. 453 383 1034 383 1783 2848 3270 3614 6884 Total Attendances:— Tota	C. A. A. C.	10	123	: 52:	:4:	25	22	10 26 25	12 4 22	22 30 47	29 39 69	30 50 78	228	114 36 5
No. of patients remaining under treatment or observation on 31st December, 1957 161 171 153 29 451 206 765 406 1171	No. of patients transferred to other centres institutions or to private practitioners	16	9	ω	H	30	10	54	17	7.1	19	65	33	65
No. of attendances:— A. For individual attention by the medical officer(s) B. For intermediate treatment, e.g., dressings, etc. Total Attendances	No. of patients remaining under treatment observation on 31st December, 1957	131	139	51	10	103	64	285	213	498	451	481	513	559
A. For individual attention by the medical officer(s) 2327 1760 762 69 1696 542 4785 2371 7156 B. For intermediate treatment, e.g., dressings, etc. 453 383 1034 383 1783 2848 3270 3614 6884 TOTAL ATTENDANCES 9780 9142 1766	TOTALS OF ITEMS 5, 6, 7, 8 & 9	161	171	153	29	451	206	765	406	1171	1161	1239	280	1292
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14040 1402 1402 19418 19480 181100 19820 14040		2780	2143	1796	452	3479	3490	8055	5985	14040	14430	15442	15344	15355

Live Register of Tuberculosis Patients.

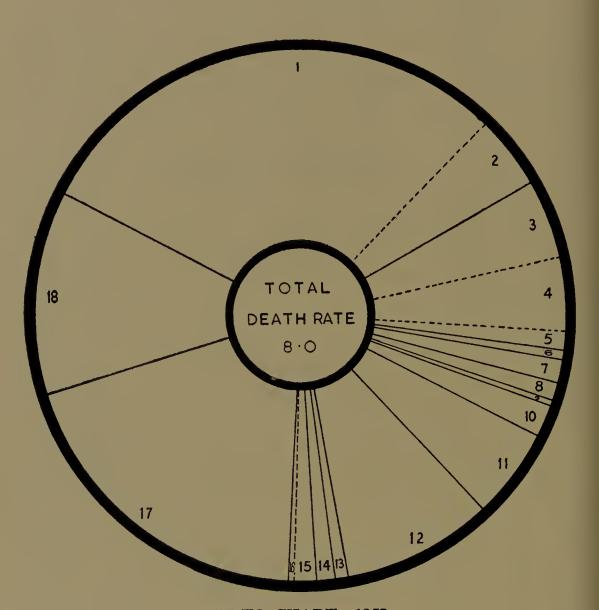
		lmon:		Pul	Non- lmoni			al Ca Forn	
	М.	F.	Total	М.	F.	Total	M	F.	Total
1. No. on Register at 31/12/1956	1676	1204	2880	164	181	345	1840	1385	3 225
2. Cases notified (or otherwise coming to knowledge) in 1957	222	129	351	2 8	20	48	2 5 0	149	3 9
3. Cases removed from Register in 1957	179	121	300	21	17	38	200	138	338
4. No. on Register at 31/12/1957	1719	1212	2931	171	184	355	1890	1396	3286

Tuberculosis.

		CASES ON 2	Register	CASES N (or brough	TOTIFIED t to notice)		D _E .	ATHS		
Yma	R	Pulmonary	Non-	Pulmonary	Non-	Puln	nonary	Non-Pulmonary		
			Pulmonary		Pulmonary	No.	Rate	No.	Rate	
	M.	938	115	223	22	92	0.67	9	0 (8	
1947	F	572	156	143	31	74		11		
	M.	998	121	209	38	89	0.50	15	0.10	
1948	F.	639	165	161	31	38		11	0.10	
	М.	1057	130	238	25	91	0.50	13	0.10	
1949	F.	698	177	162	35	37		13	0.10	
	M.	1086	136	184	21	77	0.47	7	0 06	
1950	F.	. 771	188	156	27	43	0 47	8	0 00	
-0.41	М.	1063	145	247	26	56	0.29	10	0 04	
1951	F.	. 780	200	132	20	19	0 23		0 01	
	М.	1241	159	290	23	29	0.20	4	0.06	
1952	F	. 884	211	180	25	22	0 20	11	0 00	
1050	M	1349	167	285	17	30	0.15	3	0.02	
1953	F	. 961	213	173	21	9		2		
1014	M	. 1457	177	270	27	35	0.15	2	0.015	
1954	F	. 1051	215	163	15	6		2	0010	
.0.5.5	M	. 1587	185	289	20	34	0.16	2	0.015	
1955	F	1129	223	156	16	8	0 10	2	0 010	
1050	M	. 1676	164	247	21	29	0.14	4	0.018	
1956	F	. 1204	181	171	30	9	0 11	1	0 010	
1957	M	. 1719	171	222	28	20	0.11	2	0.007	
1901	F	1212	184	129	20	10		-		

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		nall ole	Croup) Erysipelas Scarlet fever	To sillitis (Stroptococeal	Para-typboid lever Acute Anterior Poliomyelitis (Paralytic)	Acute Anterior Poliomyelitis (Non-paralytic) Puerperal Pyrexia	Meningococcal Infections Ophthalmia Neonatorum	nespiratory inverculosis Other forms of Tuberculosis Malaria	Dysentery Acute Primary Pneumonia	Acute Influenzal Pueumonia Acute Encephalitis	Chicken Pox	
		Small-pox Cholera (C Diphtheria	E S	To	Pa	AC Pu	702	207	104	~ ~ ~	CONDE	

PROPORTIONS OF DEATHS FROM PRINCIPAL CAUSES TO TOTAL DEATHS 1957



KEY TO CHART—1957

	Cause of Death. 1,000	% per Population	ı.	Cause of Death. 1,000	% per Popula
1.	Diseases of Heart	2.37	10.	Congenital Malformations	0.15
	Other Circulatory Diseases	0.36	11.		0.45
3.	Bronchitis	0.38	12.	All Other Causes	0.72
4.	Pneumonia	0.36	13.	General Infectious Diseases	0.06
ξ.	Other Respiratory Diseases	0.10	14.	Influenza	0.10
6.	Diarrhoea and Enteritis	0.05	15.	Respiratory Tuberculosis	0.10
	Genito Urinary Diseases	0.11	16.	Other Forms of Tuberculosis	0.01
Q	Other Digestive Diseases	0.09	17.	Cancer	1,58
9.	Puerperal Diseases	0.01	18.	Diseases of Nervous System	1.00
					8.0

tion.

RAINFALL
Total Rainfall Recorded in Inches from 1895—1957

177

1895			in inches		Rainfall in inches
1000	24.00	1916	28.47	1937	27.83
1896	25.21	1917	25.37	193 8	22.13
1897	26.79	1918	25.24	1939	32.81
1898	19.87	1919	30.04	1940	21.27
1899	22.71	1920	27.61	1941	26.72
1900	28.88	1921	17.44	1942	21.18
1901	21.42	1922	29.73	1943	20.28
1902	22.54	1923	27.49	1944	26.34
1903	32,75	1924	31.96	1945	20.60
1904	19.98	1925	26.43	1946	29.16
1905	21.35	1926	27.66	1947	20.59
1906	26.45	1927	33.09	1948	29.16
1907	27.60	1928	26.92	1949	22.81
1908	23.14	1929	25.46	1950	24.79
1909	26.65	1930	30.99	1951	32.49
1910	29.57	1931	26.91	1952	25.86
1911	21.37	1932	29.38	1953	20.89
1912	37.02	1933	21.68	1954	30.50
1913	26.35	1934	20.96	1955	24.26
1914	25.16	1935	30.20	1956	23.60
1915	29.19	1936	27.98	1957	25.06

SUNSHINETotal Sunshine Hours Recorded from 1895—1957

Year	Hours	Year	Hours	Year	Hours
1895 1896	1495 1111	1916 1917	1220 1326	1937 1938	1147 1282
1897 1898	1367 1326	1918 1919	1310 1320	1939 1940	1310 1467
1899 1900 1901	1482 1166 1214	1920 1921 1922	1110 1530 1293	1941 1942 1943	1160 1249 1348
1901 1902 1903	967 1096	1923 1924	1246 1249	1944 1945	1240 1255
1904 1905	1209 1052	1925 1926	1266 1126	1946 1947	1269 1293 1322
1906 1907 1908	1536 1354 1406	1927 1928 1929	1107 1349 1489	1948 1949 1950	1587 1410
1909 1910	1478 1312	1930 1931	1252 1159	1951 1952	1365 1503
1911 1912 1913	1555 1125 1169	1932 1933 1934	1087 1456 1362	1953 1954 1955	1361 1144 1356
1914 1915	1452 1463	1934 1935 1936	1874 1120	1956 1957	1187 1302
			(

METEOROLOGICAL OBSERVATIONS MADE A

Lat. 52° 23′ 26″. Long. 1° 31′ 4″ W. Height The cistern of the barometer

	Baro- meter 1ns.			Ai	r Temp	eratur	e			Н	ygroi	meter		Ear Ten		Brig Sunst
	e le	Mea	n of	В	EL C		solute ind Ma			Mean of Observa- tions ar 9 a.m.				oth	oth	jo
	Mean Pressure at 32° F. at Sea Level Maximum > Minimum & Mean of A and B Difference from Average		Difference fre Average	Minimum Day of Month		Maximum			Depression of Wet Bulb	of Wet Bulb Vapour Pressure Humidity		At I foot depth	At 4 feet depth	Percentage of Average		
Jan.	30.129	46.4	35.7	41.1	+2.7	26.0	25	56.0	4	40.4	0.7	7.7	88	41.3	44.3	128
FEB.	29.597	46.6	35.4	41.0	+2.0	26.5	20	53.0	13	40.0	1.3	7.6	89	41.4	43.9	129
MAR.	29.880	55.0	41.7	48.3	+5.7	28.5	4	66.4	12	47.3	2.0	9.5	84	45.0	44.4	82
APR.	30.223	55.8	40.8	48.3	+1.3	32.6	12	63.0	5	47.9	3.5	8.5	74	48.6	47.3	116
MAY	30.074	58.4	43.1	50.7	-1.9	33.0	7	70.0	31	51.5	4.6	8.9	68	52.0	49.4	98
June	30.067	70.3	49.4	59.9	+1.5	38.0	12	86.0	28	59.9	6.3	11.5	65	58-4	52.9	151
JULY	29.931	68.4	55.3	61.9	-0.2	46.0	11	82.5	6	61.4	4.2	14.3	77	61.4	56.5	70
Aug.	29.910	66.5	52.9	59.7	-1.3	43.0	30	76.0	4	59.7	3.4	14.1	80	61.0	57.8	67
SEPT.	29.938	60.8	48.3	54.5	-2.3	38.5	30	67.2	22/23	54.3	2.6	12.1	83	56.4	56.2	76
Ост.	30.042	57.4	44.7	51.1	+1.3	33.8	20	64.5	10	50.7	1.6	11.2	88	52.3	53.8	79
Nov.	30-101	47.5	37.8	42.7	-0.3	28.7	24	53.8	28	41.9	1.6	7.9	86	46.5	50.6	143
DEC.	29.984	44.3	33.8	39.1	-0.2	23.0	4	55.4	20	38.6	1.1	7.4	90	41.9	46.5	171
	29.990	56.5	43.2	49.9	+0.7	23.0	4th Dec.	86.0	28th June	50.3	2.7	10-1	81	50.5	50.3	109

Meteorological Station moved from City Hospital, Whitley, to the Memorial Park, 1.4.51.

Atmospheric Pollution Recorders moved from Whitley Pumping Station to Whitley Waterworks 1 mile S.E.

Atmospheric Pollution Recorders moved from Edgwick Park to Foleshill Road Day Nursery, 80 yards N.W.

MEMORIAL PARK, COVENTRY, 1957

f rain gauge above Mean Sea Level, 338-ft. ed 301.75 feet above sea level.

	Rain ar of P	nd other	er For tation	ms		WEATHER Number of days							Win Ford (0—	e		No.	of d	aily	obse	rections. observations nonth			
Number of Days	Total Fall	Percentage of Average		Day of Mouth	Snow or Sleet	Snow lying	Hail	Thunder heard	Fog. (9h. G.M.T.)	Air Frost	Ground Frost	Gale	NumberofObser'- tions of Moderate and Strong Winds	Calm or Light Wind	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	
15	1.20	58	0.39	31	2		1		3	8	14		8	23	2	5	-	4		13	1	3	
20	3.01	172	0.65	7	4	•			5	7	17	•	5	23	·	1		5	1	14	2	5	
8	2.33	125	0.50	9	·	·	•	1	2	3	6	•	9	22	•	1	4	13	4	9	•	•	
4	0.25	15	0.16	12	٠				1		7		6	24	1	13	1	·	4	4	$\overline{\cdot}$	7	
1	1.38	69	0.45	8	·	·	٠	•	1	·	4		8	23	2	11	1	3	3	6	1	4	
0	1.76	82	0.44	24		•	·	6		·	•		5	25	٠	15	•	٠	3	7	1	4	
1	4.09	173	0.65	10	•	·		4		·			7	24	1	4	•	2	3	8	6	7	
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79	25.06	99	0.77	23rd Sept.	7	·	1	15	30	33	48	2	69	296	15	71	13	44	38	99	32	53	

INDEX

A	Page	Page
Abattoir, Public, Work of	131-140	Deaf Persons 96—99
	35	Death Rate (General) 8 & 17
Administrative and Cleri		Death, Causes and Ages 165
Staff		_
Air Pollution Stations	122-123	Death Rate (Infant) 8
Air Pollution	119—126	Deaths (Infectious Diseases) 8
Air Pollution Charts	124—125	
Ambulance Service Staff	6	2 Contain Times (Trouperson),
Ambulance Service	49—63	
	129	Bouth reace (Lucelle allegie)
Area	78	Deaths, Proportions to total
Alea		(Chart) 176
В		Dental Care 29—31
Baginton Fields Hostel	88	District Inspectors (Work of)
Bakehouses	161	District Inspectors (11611 61)
Bedding, Provision of	64	Dust Bins 113
Births, Legitimate	{	
,, Illegitimate	8	
,, Still	8	
Birth Rate	8 & 17	
Blind Persons, Welfare of	10	_
Blind Persons, Register	102	wa 14
Blind Walfare Staff	(
Burials	100	.
Butter and Margarine	14:	Factories' Act, 1937 & 1948 159—160
Success and Hungarine III		Factories' Inspection 160
C		Food—Bacteriological Examina-
Canal Boats	126	tion 145 Food and Drugs Act, 1955,
Cancer	63	Food and Drugs Act, 1955,
Cancer (Death Rate)	8	Administration 142 & 144
Caravans, Fairs and Camp	ing	Food and Drugs Sampling and Analysis 146—153
Sites	118	Food Hygiene 156
Care (Ante-Natal) related		E 177 D . 1 1055
Toxemia of Pregnancy		154 & 155
Care of Mothers and Yo	ung 22	T 1 T .: (17' '-) 140 144
Children	28	T 1 D 1 T 11 11 11
Care of Premature Infants		(Prior Approval) 120
Care and After-Care, Prevent of Illness	64	
Cerebral Palsy	94 & 9:	· ·
Cesspools, Abolition of	112	General Statistics 8
Child Welfare Clinics	22	Graph, Work at Public Abattoir
Clean Air Act, 1956	119	151 00 154
Cleansing	19	Graph, Disease mederice in
Common Lodging House	118	The state of the s
Contents		
Convalescence	69 & 70	Handicapped Persons:
Coventry Corporation Act, 1		Welfare of 93
Crematorium	100	Health Centres 21
		Health Committee 3
D		0.50
		Health Department Staff 4—7
Day Nurseries' Staff Day Nurseries	31 & 32	Health Visitors' Staff 4

INDEX—continued

Page	N Page
Health Education 68 & 69	~ ******
Home Help Service 70 & 71	National Assistance Act, 1948 78—103
11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	National Health Scrvice Act,
11 37 1	1946 21
The state of the s	Nco-natal Mortality 17
	Noisc 157—159
II = 0 - '4 - 1 -	Nuisance Abatement 110
	Nursing Equipment and Appa-
Housing 114—117	ratus 68
Houses Let in Lodgings 118	
	0
	Occupational Therapy 66
Icc Cream Regulations 142—143	Occupation Contract Of C
Immunisation Service 40	Occupation Contra
Index 180	
Infant Mortality Chart 169	Offensive Trades 119
manthe Mortality 8 & 17	Old Peoples' Homes Registra-
Infant Mortality (Ages Tables) 168	tion 91
Infectious Diseases 18	Ophthalmia Neonatorum 104
Infectious Diseases (Notifica-	Outworkers 161
tion Tables) 175	
Influenza 47 & 48	P
	Partially-Sighted Register 103
M	Pensioners' Committee 3
Magisterial Proceedings 156 & 157	Pet Animals Act, 1951 163
Markets, Shops and Stores	Pig-Keeping 113
Inspection 153	Poliomyelitis 18, 41—44
Warriage Rates 8 & 17	
wass Radiography 20	Population 8 & 17
Maternal Mortality 8 & 17	Permature Infants, Care of 28
Maternity Outlits, Provision of 21	Premises Registered for Storage or Sale of Food 144—145
Meals for Sick and Aged 67 & 68	Prevention of Illness 64
Meat Inspection 128 & 140	Public Health Inspector (Chief)
Mental Defective Acts	Report of 109
1713/1938 75	Puerperal Deaths 8
Wichtal Defectives' Register 75	i desperar Deaths
Mental Health 73	R
1900/01 Lunacy Acts,	••
	Rainfall Records 177
Mental Treatment Acts, 1930 75	Rateable Value of City 8
Metcorological Observations 178—179	Rates (Sum represented by
Midwifery 32—34 Milk	Penny Rate) 8
140/	Refuse Disposal 112
Milk—Designated 141	Refuse Tips 163
Milk, Bacteriological Examina-	References to other Departments 114
tion 141	Removal of Persons 92
Milk Purveyors 140	Resident Persons, Part III,
Milk Sampling 141 & 147	National Assistance Act,
M.O.H. Preamble 9	1948 87 & 90
Mother and Baby Home 32	Rivers and Streams 127—128
Municipal Midwives' Staff 5	Rodent Control 162

INDEX—continued

s	Page	Page
Sanitary Miscellancous Works		Tuberculosis (Survey of) 19 & 64—66
(10 year Summary)	111	,, (Live Register) 174
Sanitary Provision	112	,, (Summary of
Scabies	19	Cases Notified) 174
Smoke Control Areas	121	,, (Summary of Cases on Register) 174
Smokeless Zone	120	,, (Summary of
	108	Deaths Notified
	100	during 1954 and Previous Years) 174
Statistical Tables and Charts	164	Dooth Pata from
(List) Statistics (Vital, of City)	166	other forms 174
(Miss) of Coventry	100	Cinc. Forms
England and Wales)	167	U
Commonative (16 City	10,	Unmarried Mothers and their
Wards)	171	Children 32
,, Historical Summary	170	v
,, Wards of City	170	Vaccination Service 40 & 41
Sunshine Records	177	Venereal Diseases (Survey) 19 & 66
Superannuation (Medical Ex-		Venercal Diseases (Tables) 172 & 173
aminations)	107	Verminous Premises 113
Suppression of Nuisances		
(Sanitary)	110	W
Swimming Baths and Paddling		Warwickshire Clean Air Council 126
Pool	163	Waste Land and Bombed Sites 127
		Water Supply 104
т		Water Supply, Chemical and
·		Bacteriological Analyses 105 Welfare Foods, Supply of 31
Temporary Accommodation,		Trentare 1 0000, Supply
Part III, National Assistance		Trontare of ore first
Act, 1948	90	Welfare Provision (Other) 88



